

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Laura S. Beauchamps

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Died at	Salisbury	Wicomico			
Date of death	Month	Day	Year	Month	Days
of death 1909	June	6 th	Age 59		
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Housekeeper				
Married, Single or Widowed	Widow	Name of Wife or Husband	James A. Beauchamps	Father's Birthplace	Maryland
Father's Name	Joseph R. Hitchens				
Mother's Maiden Name	Mary E. Windsor				
Name of person giving Information	Stewell Beauchamps				

CAUSES OF DEATH

Primary

Tuberculosis Albinismus

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

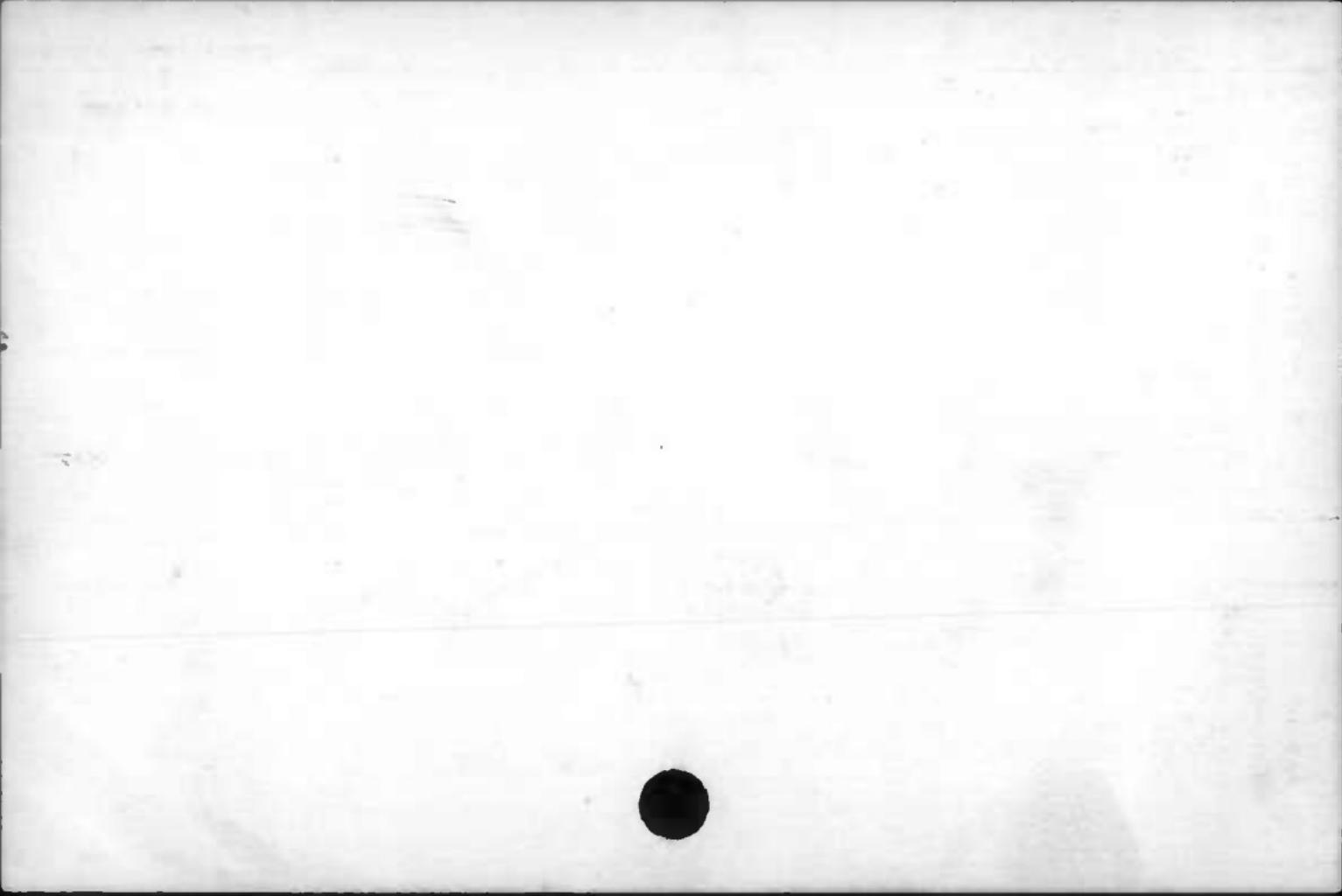
Accident or Suicide

27

How long

How long

Gu. A. Todd
Salisbury Md



Name
in
Full

William H. Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Hobson			County	Wicomico	
Diad at	Month	Day	Years	Months	MARYLAND	
Date of death	1909	June	15	Age	78	Days
Sex	Male	Color or Race	White	Birth-place	Barren Creek.	
Occupation	Farmer			Where Residing if not at place of death		
Married, Single or Widowed	Single			Name of Wife or Husband		
Father's Name	David Bennett			Father's Birthplace	Barren Creek	
Mother's Maiden Name	Sallie B. Bradley			Mother's Birthplace	" "	
Name of person giving Information	George C. Bennett			How related to deceased	Son.	

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

General Debility

99

X

How long

Immediate

Cardiac Paralysis

X

How long

Are the name, age, sex, color, date end piece correctly given above?

Yes

Signature of Physician

Address

J. Hall, Alderdie,
Middle Springs, Md.

Accident or Suicide

Incident

H. D. Graveston 41310

Name
in
Full

Rachel E. Bradley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Months	Days	
Sex	Female		Color or Race	White			
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Flavious J Bradley			
Father's Name	Beauchamp Howard.		Not known				
Mother's Maiden Name	Mahalia Bennett.		Delaware				
Name of person giving Information	Enida Bradley		Daughter				

CAUSES OF DEATH

Primary

14

X

Immediate

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

How long

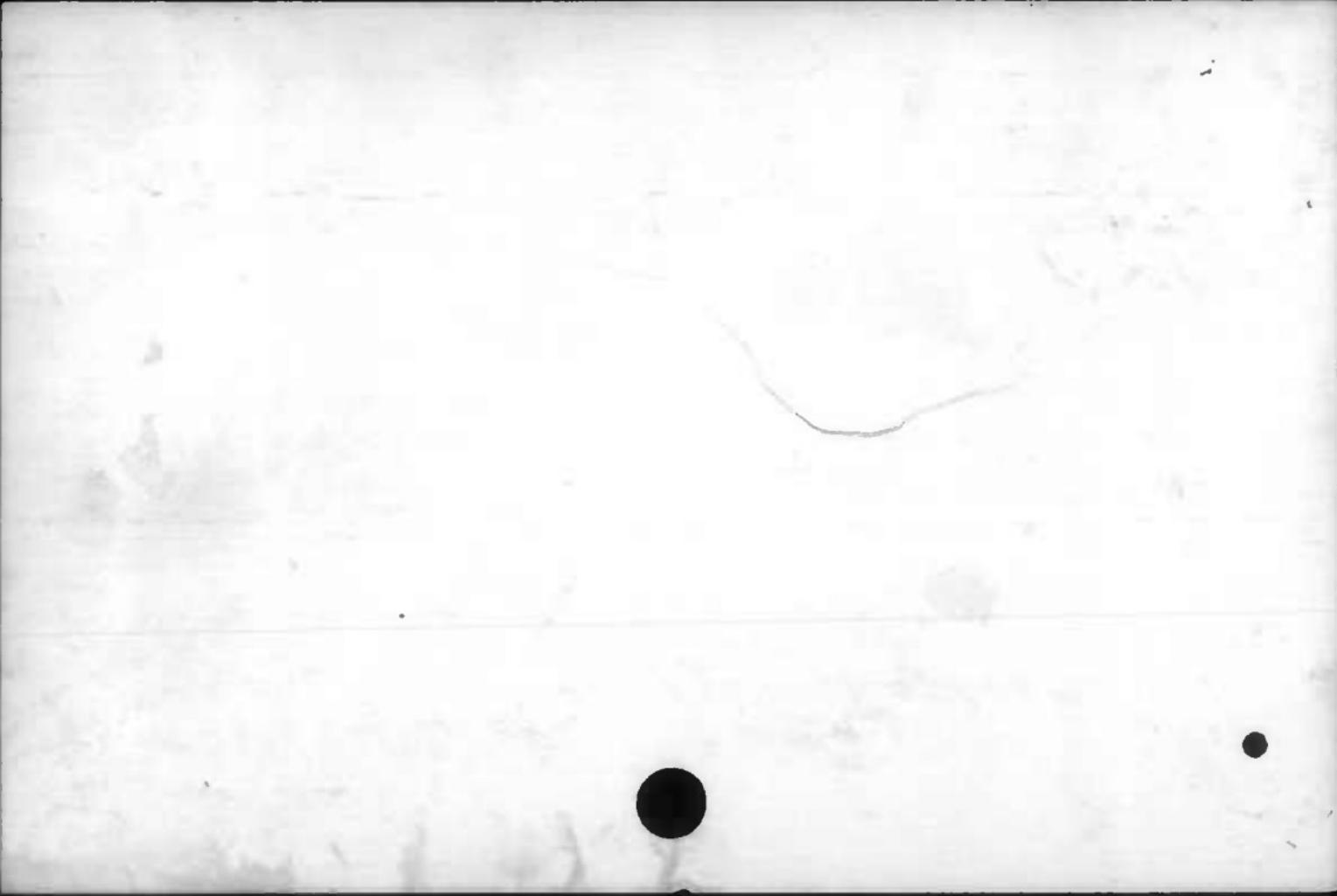
2 day

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Charles H. Brewington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sax	Color or Race	Age	39	1	24
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Hoennie Brewington			
Father's Name	Unknown				
Mother's Maiden Name	Mary Brewington				
Name of person giving Information	John S. Brickhead				

CAUSES OF DEATH

120

Primary

Chronic Nephritis organic disease of heart don't know

Immediate

asthma & heart failure several weeks

PHYSICIAN
OR CORONER

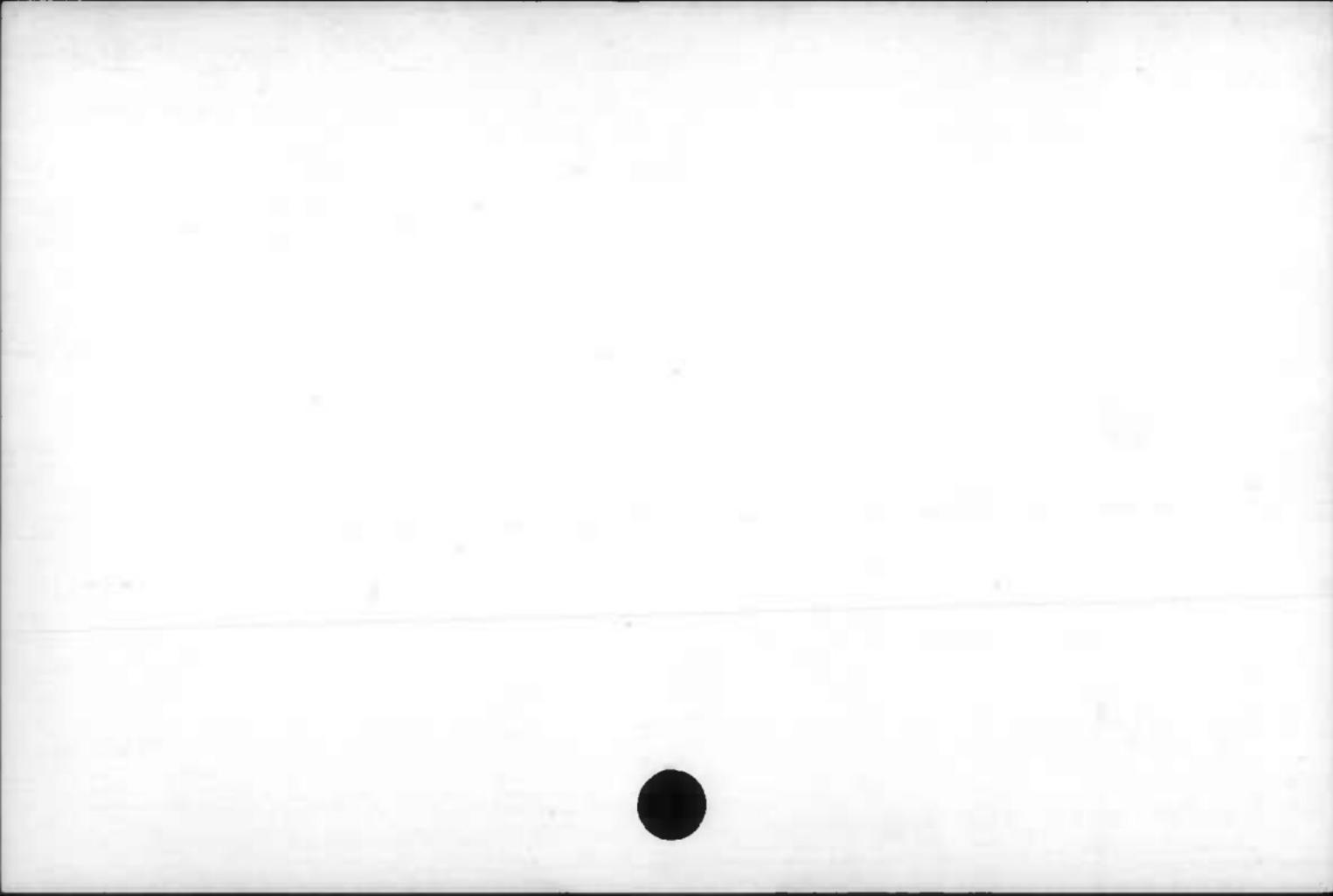
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

Hall



Name
in
Full

Infant 010 name (Brittlingham)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Salisbury			County	Wicomico		
Died at	Month	Day	Years	MARYLAND			
Date of death	1909	June	1	Age	—	Months	—
Sex	Male	Color or Race	White	Birth-place	Md	Days	—
Occupation	Infant			Where Residing if not et place of death	Salisbury Md.		
Married, Single or Widowed	____			Name of Wife or Husband	____		
Father's Name	John H Brittlingham			Father's Birthplace	Md		
Mother's Maiden Name	Esther Parsons			Mother's Birthplace	Md		
Name of person giving Information	John H Brittlingham			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Stillborn

(8)

X

Immediate

Are the name, age, sex, color, date and place correctly given above?

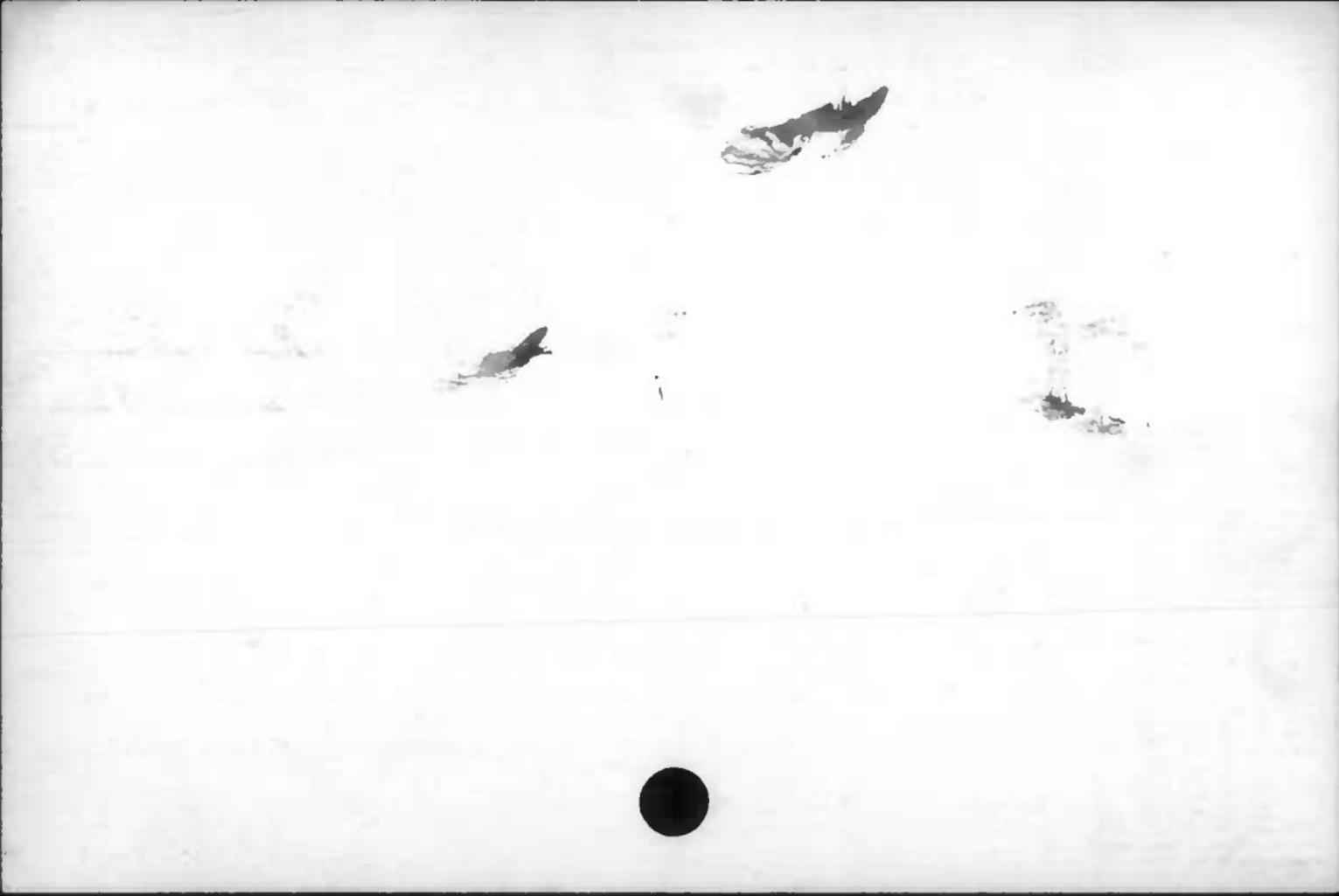
yes

Signature of Physician

Address

Louis W. Remond, M.D.
Salisbury

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

John W Brooks

Died at Salisbury County Wicomico
Date of death 1909 Month June Day 26 Age 41 Years 2 Months 1 Days
Sex male Color or Race Black
Occupation Laborer Where Residing if not at place of death
Married, Single, Widowed Single Name of Wife or Husband Hattie Brooks

Father's Name

James Brooks

Father's Birthplace

Md.

Mother's Maiden Name

Comfort Wright

Mother's Birthplace

Md.

Name of person giving Information

Hattie Brooks

How related to deceased

wife

CAUSES OF DEATH

142

X

Houring

Primary

Gangrene of scrotum & testicles

3 days

Immediate

General septicemia

24 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Harry C. Tull M.D.

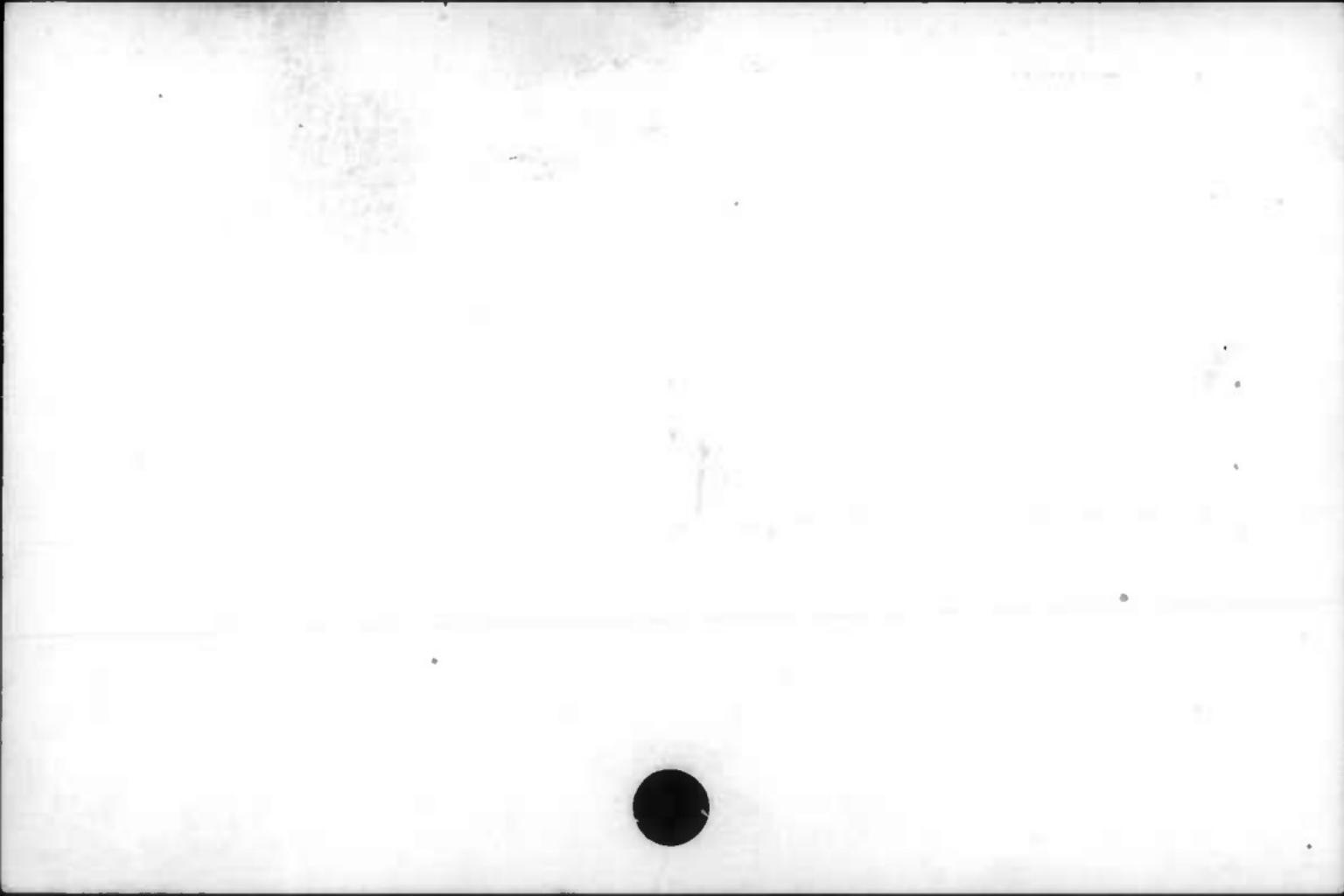
Salisbury
Maryland

PHYSICIAN
OR CORONER

(L)

Accident or Suicide

Yes



Name
in
Full

Elizabeth Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Debnar			County	St. John's		
Died at	Month	Day	Year				MARYLAND
Date of death 1909	Jul	21	Age 0	Months 6	Days 23		
Sex infant	Color or Race white	Where Residing if not at place of death Debnar			Debnar		
Occupation infant							
Married, Single or Widowed infant	Name of Wife or Husband infant						
Father's Name Oscar Brown				Father's Birthplace Md.			
Mother's Maiden Name Alice Blawm				Mother's Birthplace Md.			
Name of person giving Information Oscar Brown				How related Father			

CAUSES OF DEATH

Primary Brain Tumour
Immediate Convulsions

60

How long

10 days

How long 3 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

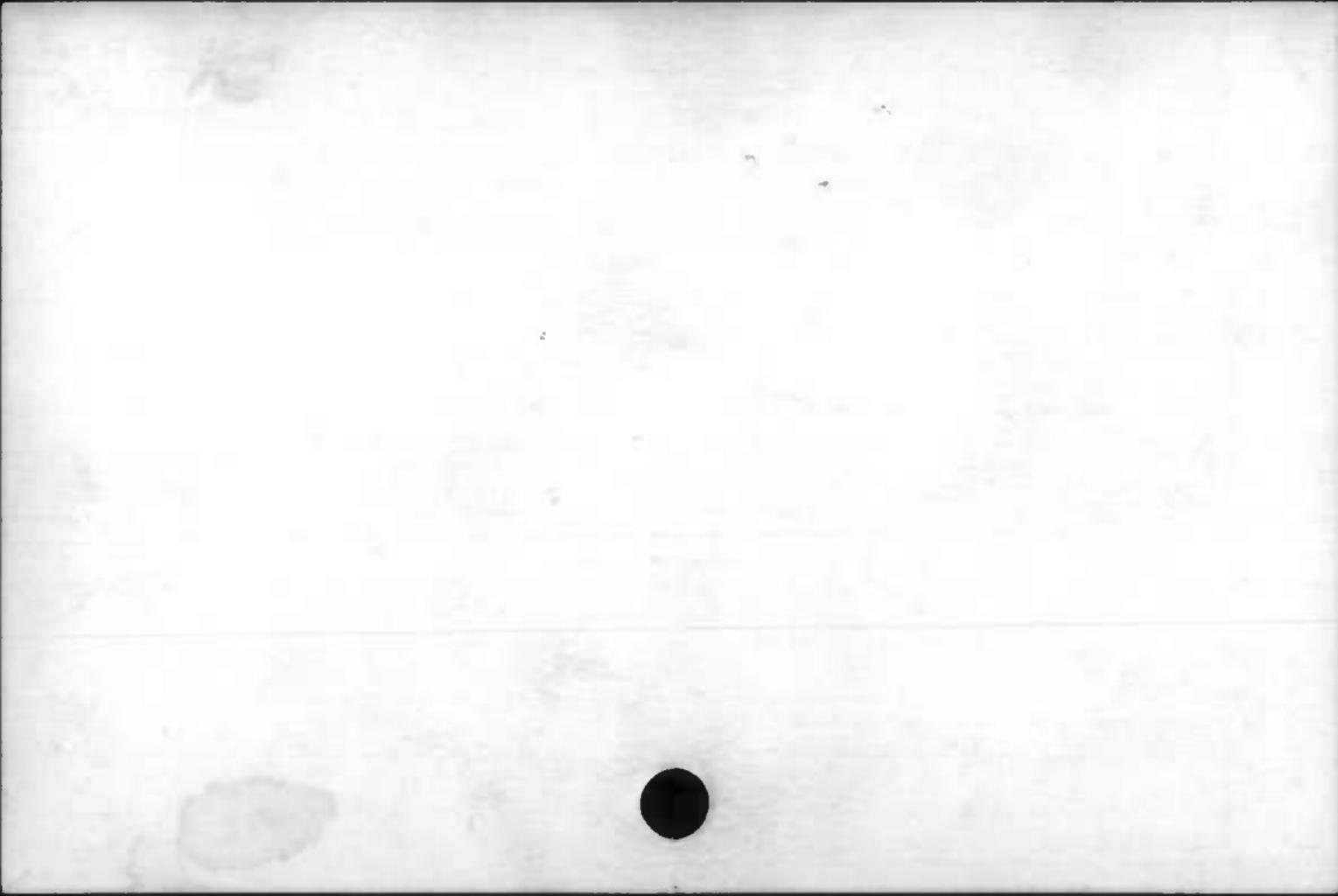
Robert Ellegood M.D.

Debnar

See

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY

^{ne}
Charles E Burris

CERTIFICATE OF DEATH

Died at		Town			County	MARYLAND	
Date of death	190	Month	Day	Years	Months	Days	
June 25				Age 26	June 25		
Sex	male	Color or Race	yes	Birth- place			
Occupation	General labor			Where Residing if not at place of death	112 Chestnut		
Married, Single or Widowed	single	Name of Wife or Husband					
Father's Name	Charles Burris			Father's Birthplace	Belleville		
Mother's Maiden Name	Mary A. Burris			Mother's Birthplace	' '		
Name of person giving Information	B. J. Burris			How related to deceased	Brother		
CAUSES OF DEATH							
27							

PHYSICIAN
OR CORONER

Primary

Pulmonary tuberculosis

Immediate

W. G.

Are the name, age, sex, color, date
and place correctly given above?

**Signature of
Physician**

Address

and place correctly given above.

or I know
Accident or Suicide? my

Accident or Suicide?

27

How long?

How long

— 1 —

His subjects had literature,
but I never attended him & only
saw him slightly before death.

M. C. Dix

Name
in
Full

Giacomo Barino

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Month
1909	June	3rd	8
Sex	Color or Race	Age	Day
Male	White	0	27
Occupation	Where Residing if not at place of death		
None	Salisbury Md.		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Italy
Single	None	Italy	Rome Italy
Father's Name	Mother's Birthplace		
Galante Barino	How related to deceased		
Mother's Maiden Name	Father		
Solentora Paolona	105		
Name of person giving Information	How long		
Galante Barino	Two weeks		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Artificial feeding

Immediate

Enter - Colitis

Are the name, age, sex, color, date and place correctly given above?

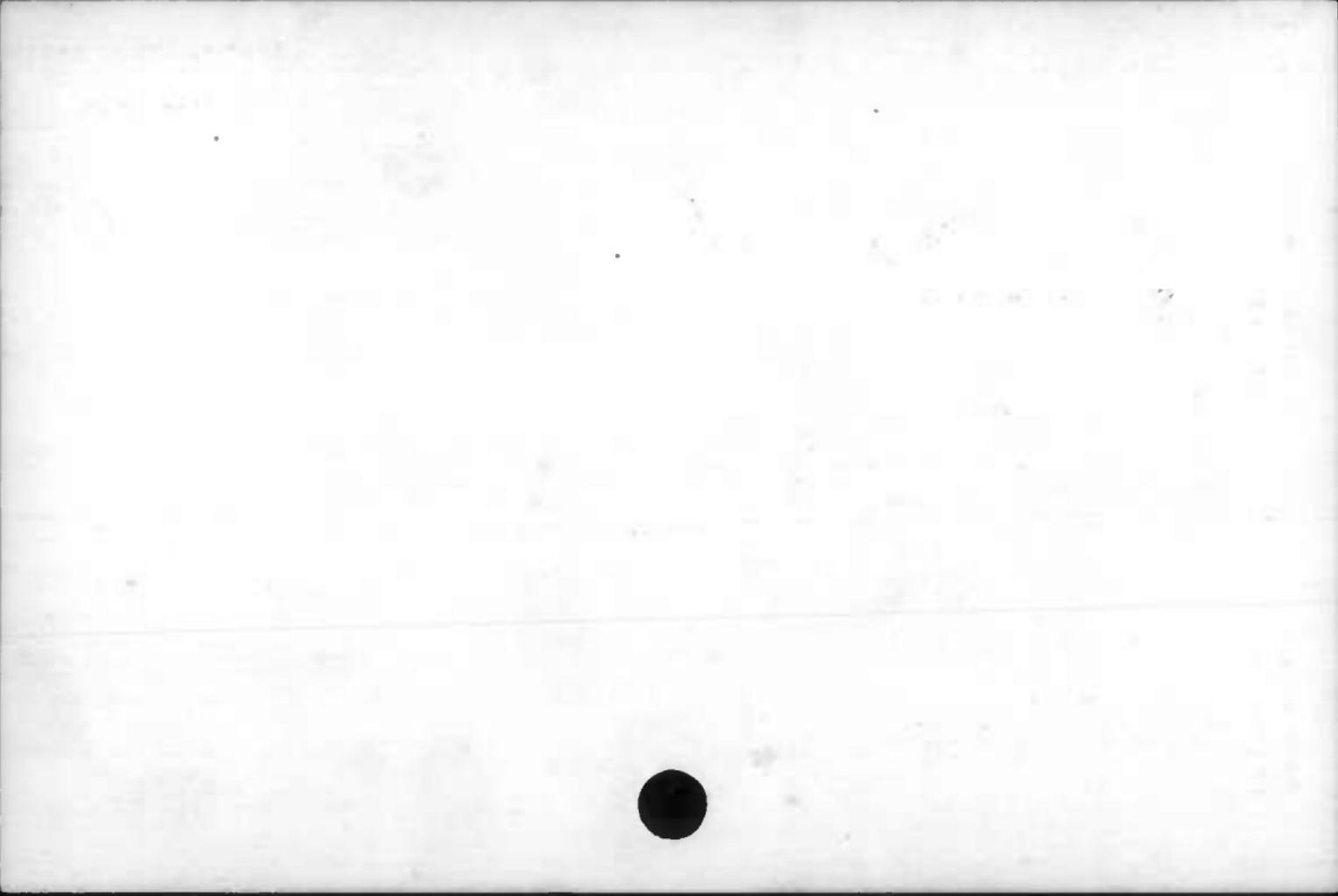
yes

Signature of Physician

Address

J. B. O'Brien
Salisbury
Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Dece

John W Garver
Town County
Salisbury Wicomico
Month Day Year
Date of death 1907 April 17 Age 3
Sex male Birth-place Md
Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Alexander Garver

Father's
Birthplace

Co Va

Mother's
Maiden Name

Mary W Jenkins

Mother's
Birthplace

Md

Name of person giving
Information

Alexander Garver

How related
to deceased

Father

Primary

Enteritis

CAUSES OF DEATH

Immediate

Anemia
Yes

105

How long

2 weeks

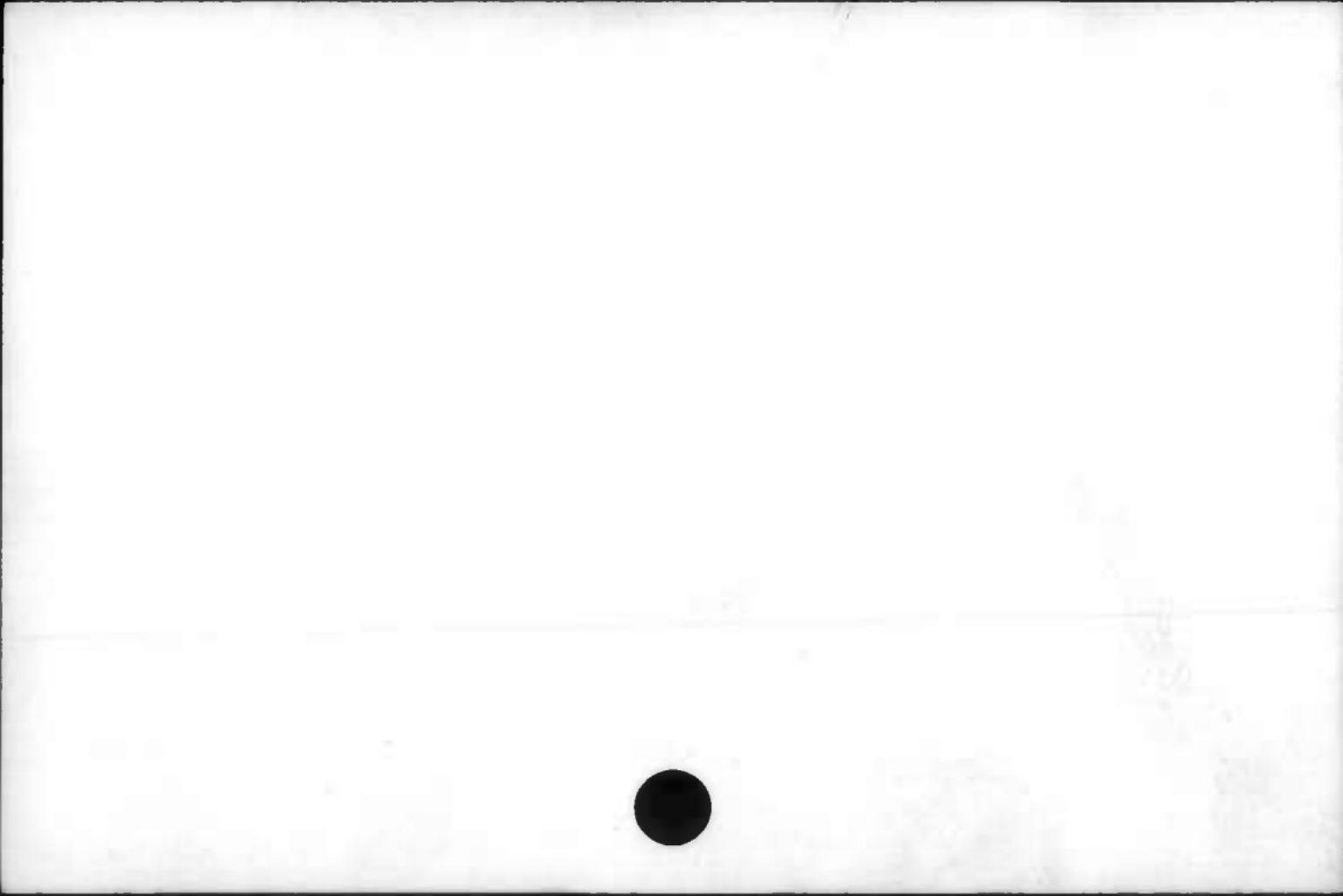
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

H. C. Lee
Salisbury Md

Accident or Suicide



Name
in
Full

Ida Cadannaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Salisbury	Wicomico	Months	Days
Date of death	190 P	Month	Age	30
Sex	Female	Color or Race	White	Birthplace
Occupation	Housework			
Where Residing if not at place of death				
Married or Widowed	Name of Husband	William Cadannaugh		
Father's Name	John Cutler	Father's Birthplace	Md	
Mother's Maiden Name	Perellia King	Mother's Birthplace	Md	
Name of person giving Information	William Cutler	How related to deceased	Brother	

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Sarcoma
Uterus

42

How long

2 yrs

Immediate Exhaustion + Hemorrhage

How long

Are the name, age, sex, color, date and place correctly given above?

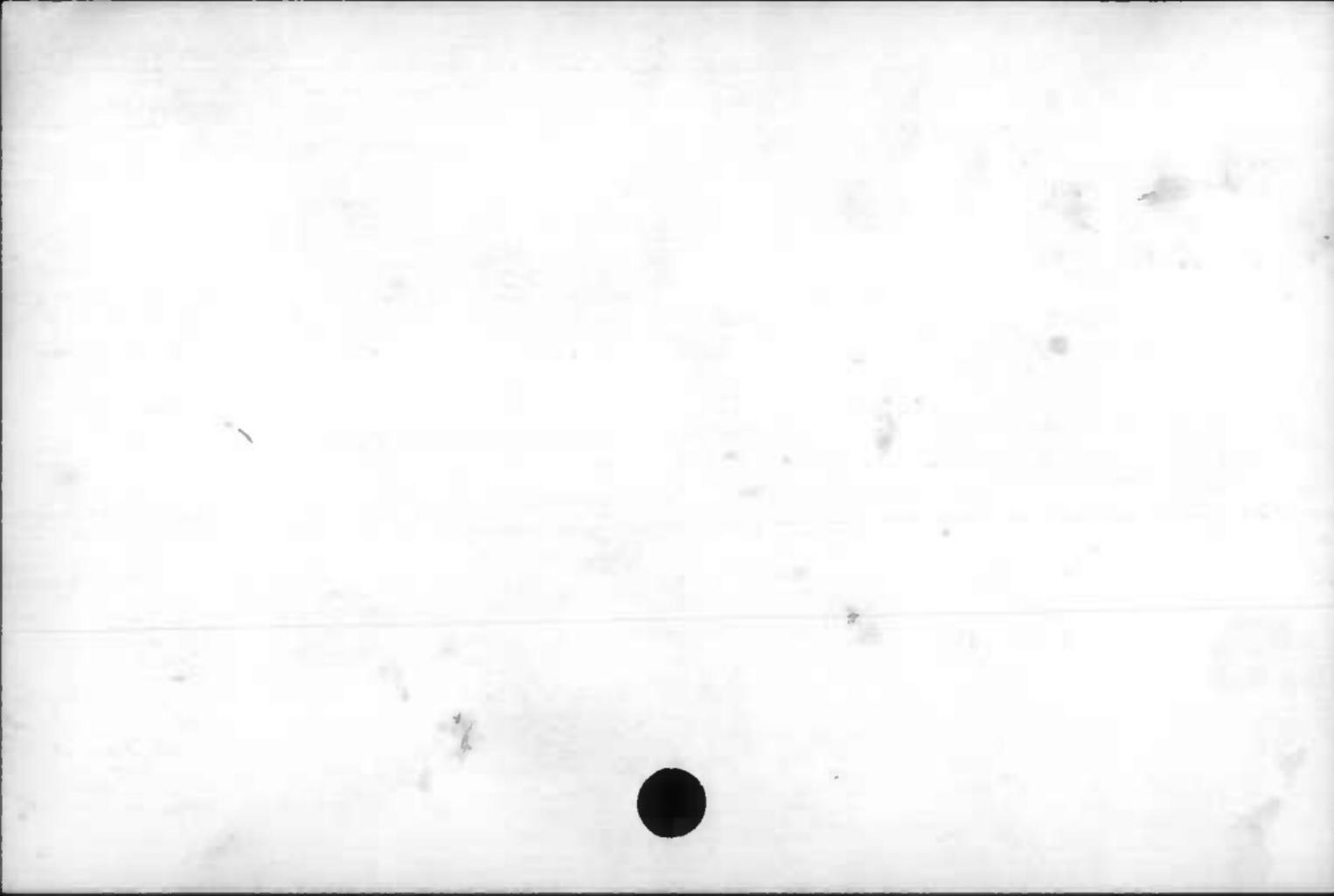
Signature of Physician

So far
as I know

Address

Accident or Suicide

Address
Wicomico
Salisbury, Md



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Lebran H. H. Culver

CERTIFICATE OF DEATH

MARYLAND

Died at Delmar Wicomico

Date of death 1909 Month 6 Day 24 Years 70 Months 10 Days 10

Sex Male Color or Race White Birth-place Delaware

Occupation Carpenter

Where residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Wm

Father's Name

Levin Culver

Father's Birthplace

Delaware

Mother's Maiden Name

Elizabeth Cawley

Mother's Birthplace

Delaware

Name of person giving
Information

Ellen Culver

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Rheumatism

112

How long

10 years

Immediate

Astrophy of the Liver

How long

6 weeks

Are the name, age, sex, color, date
and place correctly given above?

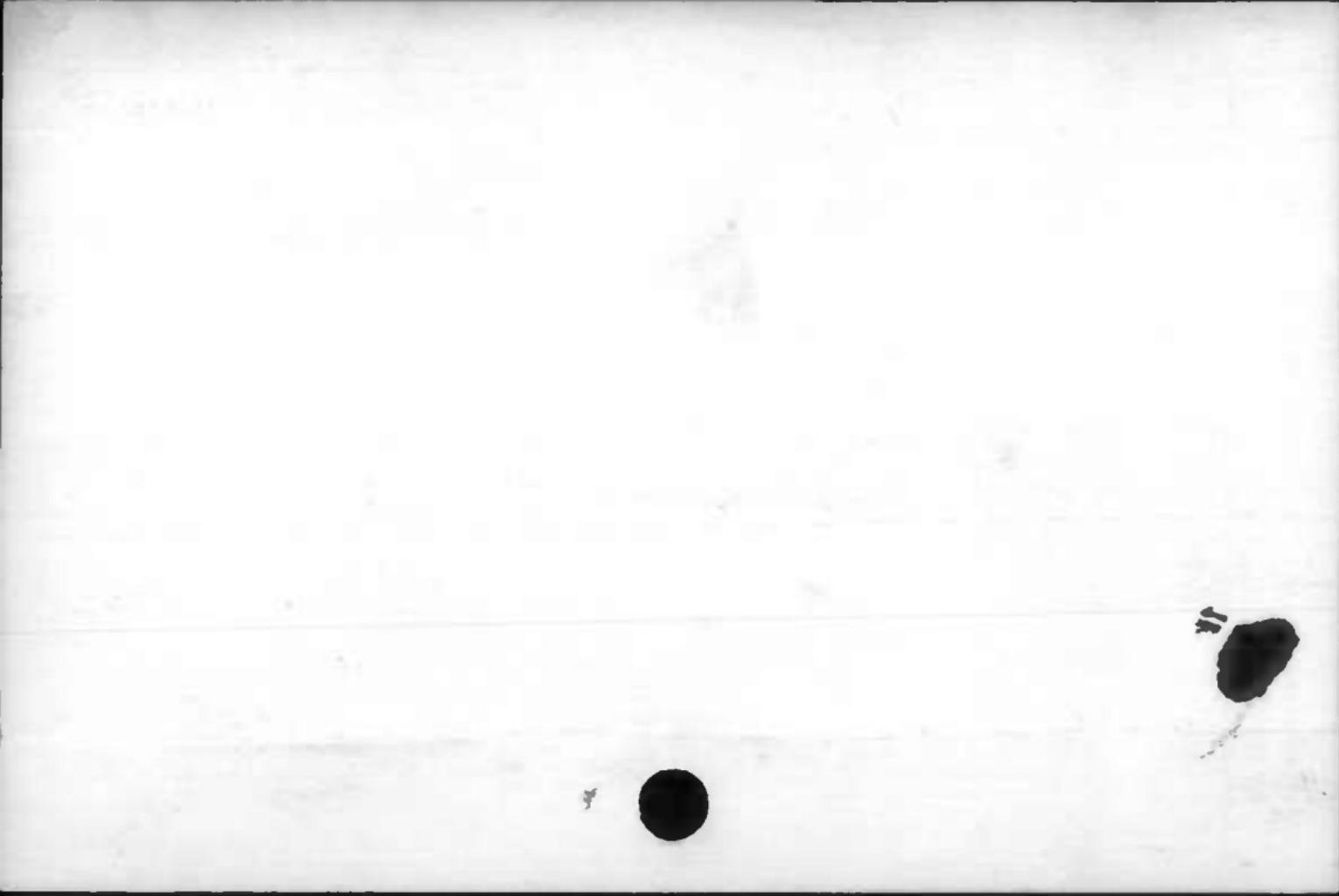
yes

Signature of
Physician

Address

James Bragshaw
Delmar Del.

Accident or Suicide



Name
in
Full

John W. H. Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	49	6
Occupation	Where Reiding if not at place of death			
Married, Single or Widewed	Name of Wife or Husband	Harrilla Davis		
Father's Name	Jampson Davis			
Mother's Maiden Name	Phorbe Pruitt			
Name of person giving Information	Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis of Lung

27



X

Immediate

.. Tuberculosis

How long

4 months

Are the name, age, sex, color, date and place correctly given above?

420

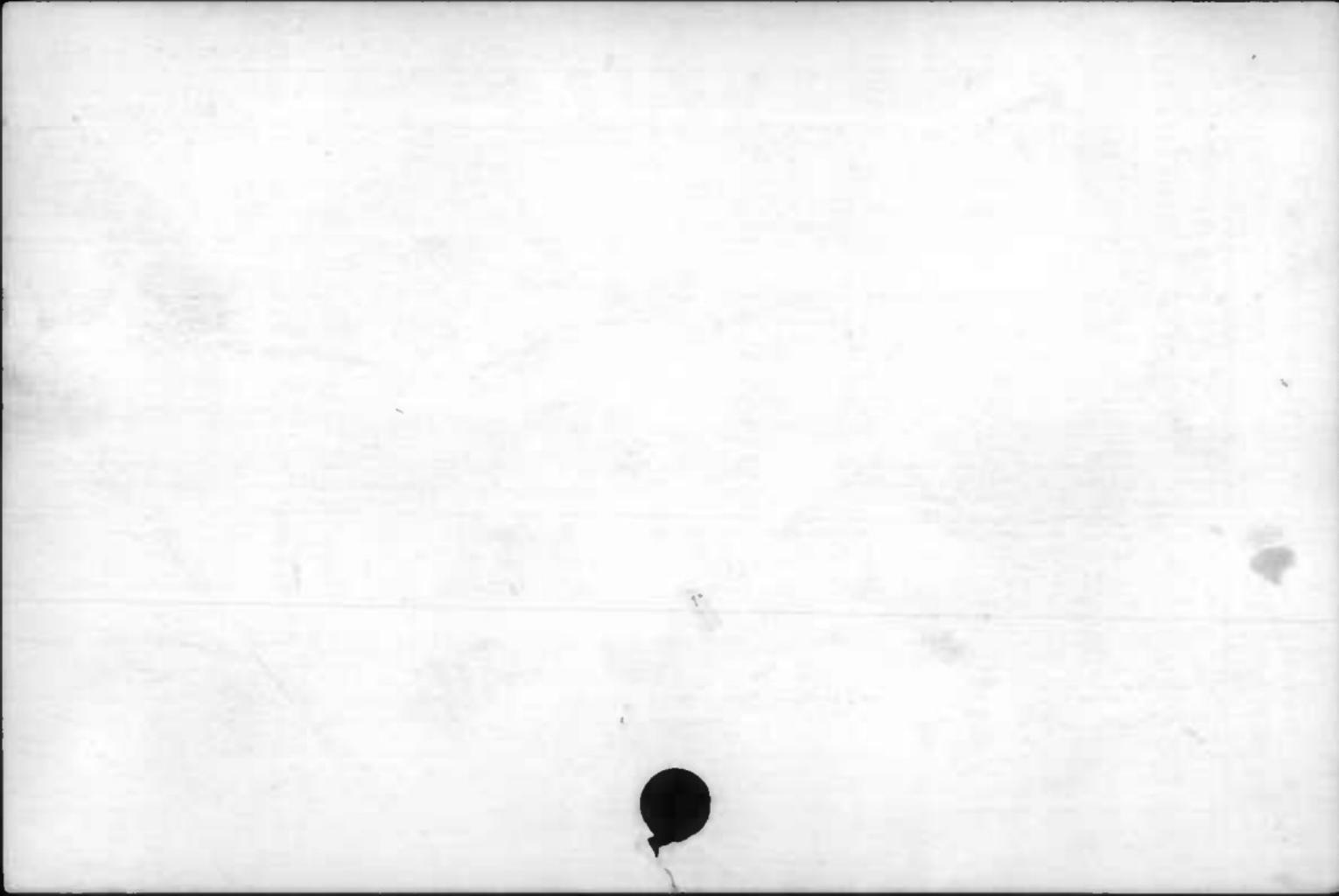
Signature of Physician

Address

L. Grunig

Pittsville Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Elmer Worman

Died at Town Salisbury Wisconsin
Month Day
Year

MARYLAND

Date
of death

190

Month

Day

County

Years

Month

Days

Age

1

Color or
Race

white

Birth-
place

Mel

Sex

male

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Edgar Worman

Father's
Birthplace

Mel

Mother's
Maiden Name

Alvira Mythen's

Mother's
Birthplace

Mel

Name of person giving
Information

Edgar Worman

How related
to deceased

Father

CAUSES OF DEATH

150

Primary

Double hare-lip cleft palate, &c. since birth

Immediate

Starvation from inability to find days

Are the name, age, sex, color, date
and place correctly given above?

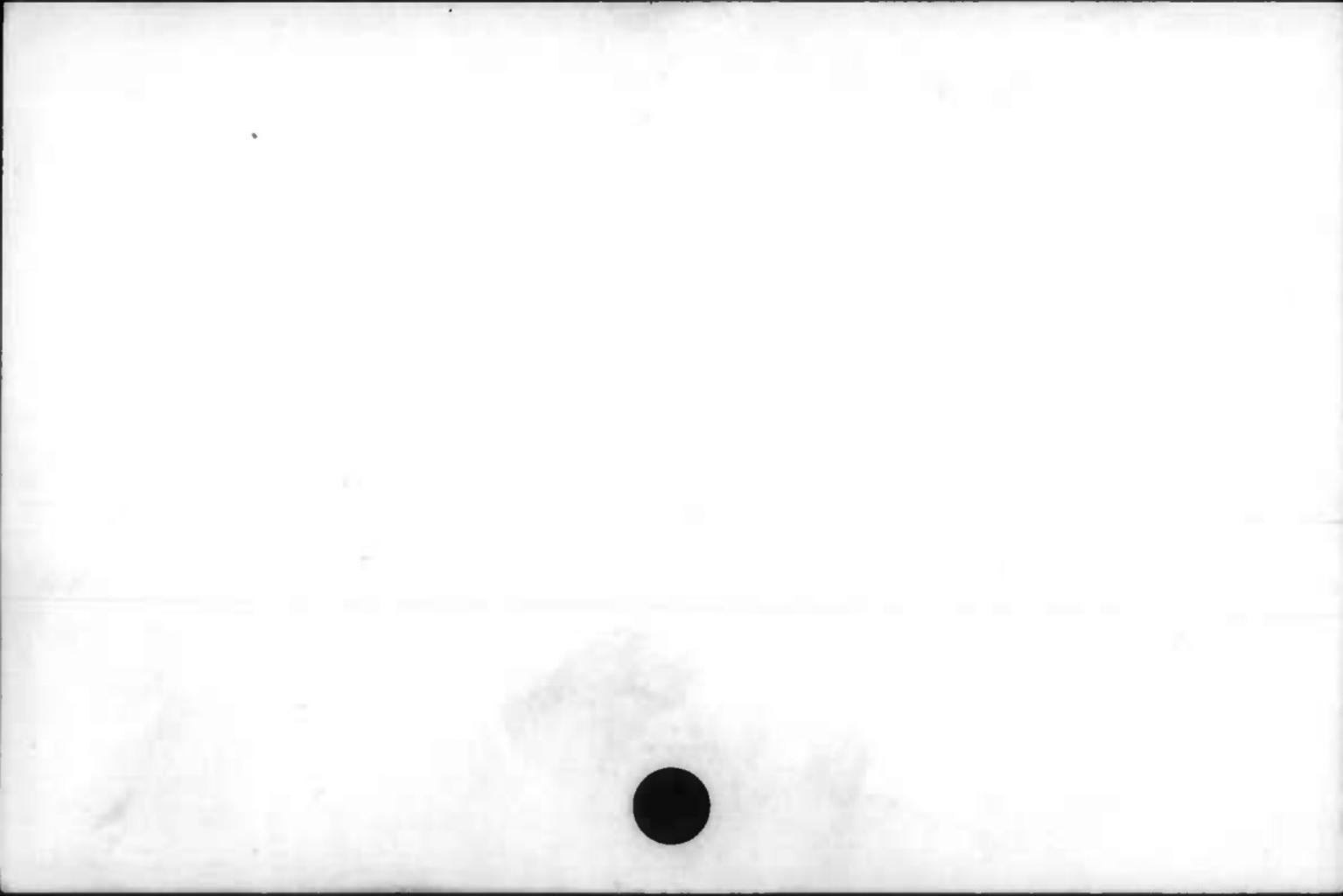
Signature of
Physician

Address

as I know
now

W. W. Dole
Salisbury, Wis.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Stella Gouty
Near Parsonsburg Wicomico

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date
of death 1909

Month

Day

Years

Months

Days

Age 30

10

2

Sex Female
Occupation

Color or
Race

Birth-
place

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Thomas J. Gouty

Father's
Birthplace

Mother's
Maiden Name

Sarah A. Hammond.

Mother's
Birthplace

Name of person giving
Information

Rebecca Hammond

How related
to deceased

Primary

CAUSES OF DEATH

27

X

How long

2 years

How long

3 or 4 days

Immediate

Consumption

Signature of
Physician

Address

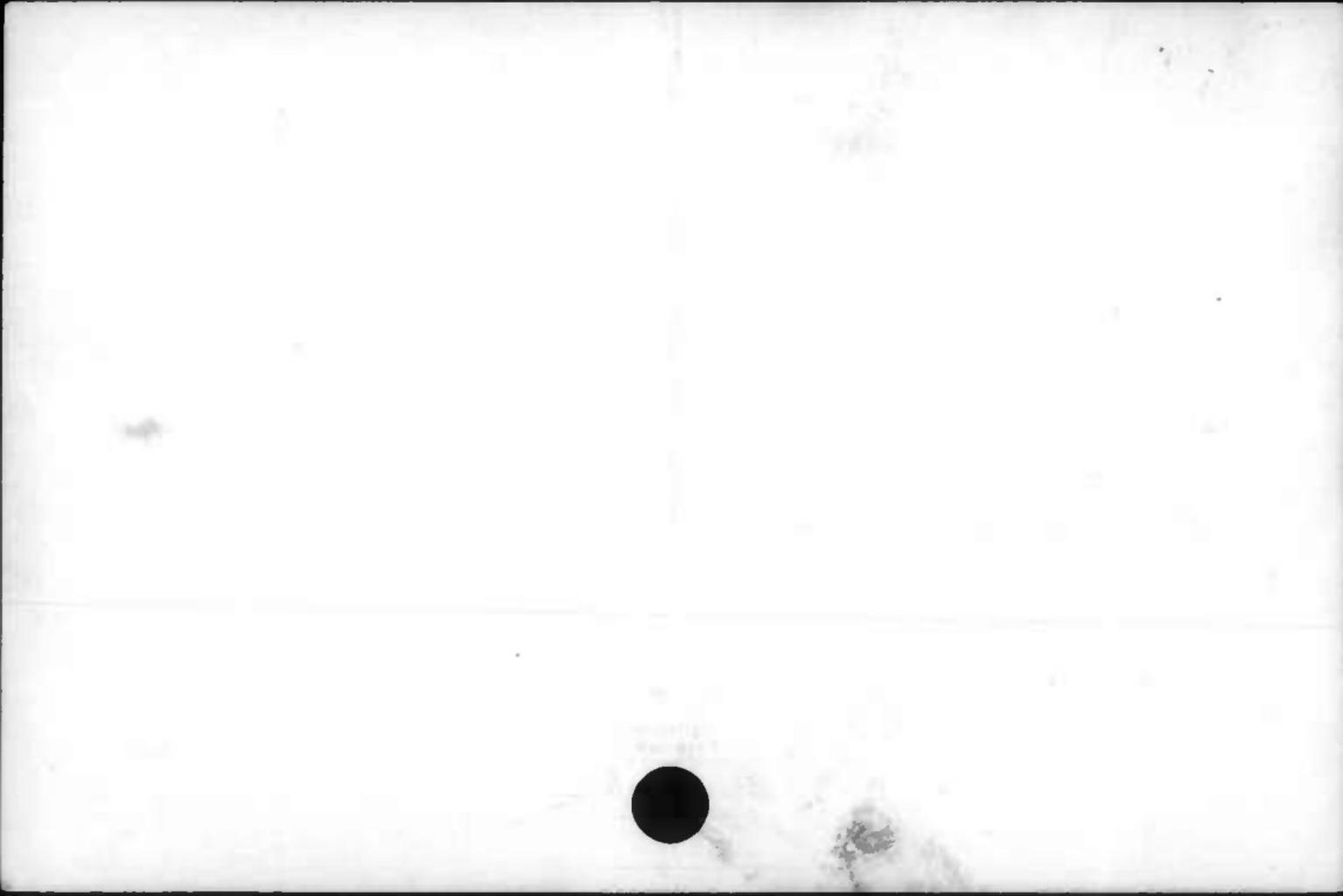
Are the name, age, sex, color, date
and place correctly given above?

Yes

Dr. Geo. H. Hunt
Parsonsburg
Maryland

Accident or Suicide

✓



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

(O)

CERTIFICATE OF DEATH

MARYLAND

Month

Days

Town

County

Died at

Month

Day

Years

Date
of death 190

Age

74

Sex

Color or
Race

Birth-
place

Occupation

Where Raiding if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Single

dead

Father's
Birthplace

Mother's
Maiden Name

John C. Walker

Unknown

Mother's
Birthplace

Name of person giving
Information

Mary Wilson

" "

How related
to deceased

Son.

CAUSES OF DEATH

Primary

Dysentery -

14

How long

X

1 week.

Immediate

Candidiasis

Jeanine

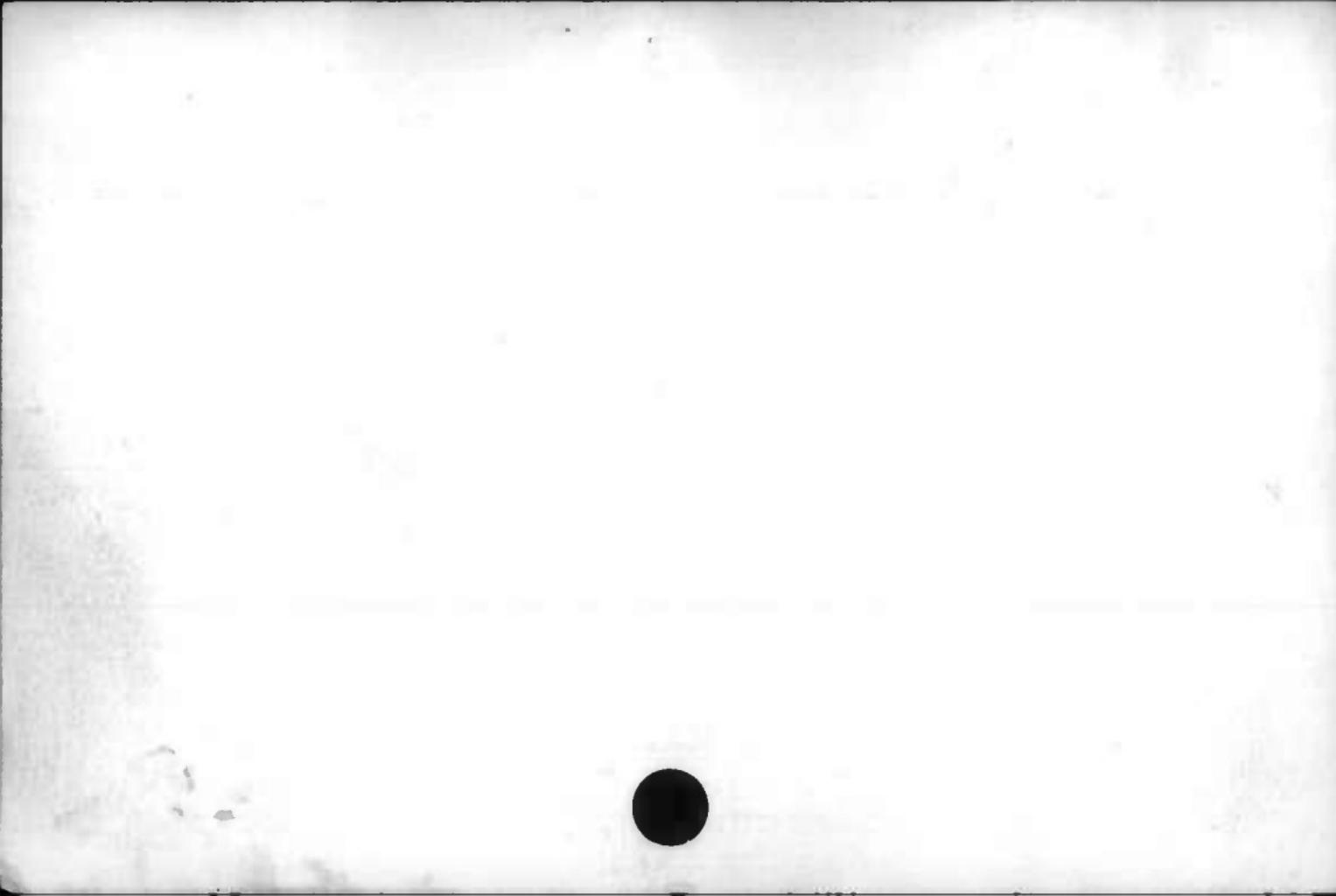
3 days.

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide



Name
in
Full

Norman R Hastings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Daya

Died at new Parsonsburg Wicomico

Town

County

Date of death 1909 Month

Day

Years

Montha

June 26

Age

51

Sex male

Color or
Rece

white

Birth-
place

Mel

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Ernest R Hastings

Father's
Birthplace

Md

Mother's
Maiden Name

Lila Parker

Mother's
Birthplace

Mel

Name of person giving
Information

Ernest R Hastings

How related
to deceased

Father

CAUSES OF DEATH

Primary

Consumption

27

How long

6 month

Immediate

Dysentery acute

How long

2 or 3 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

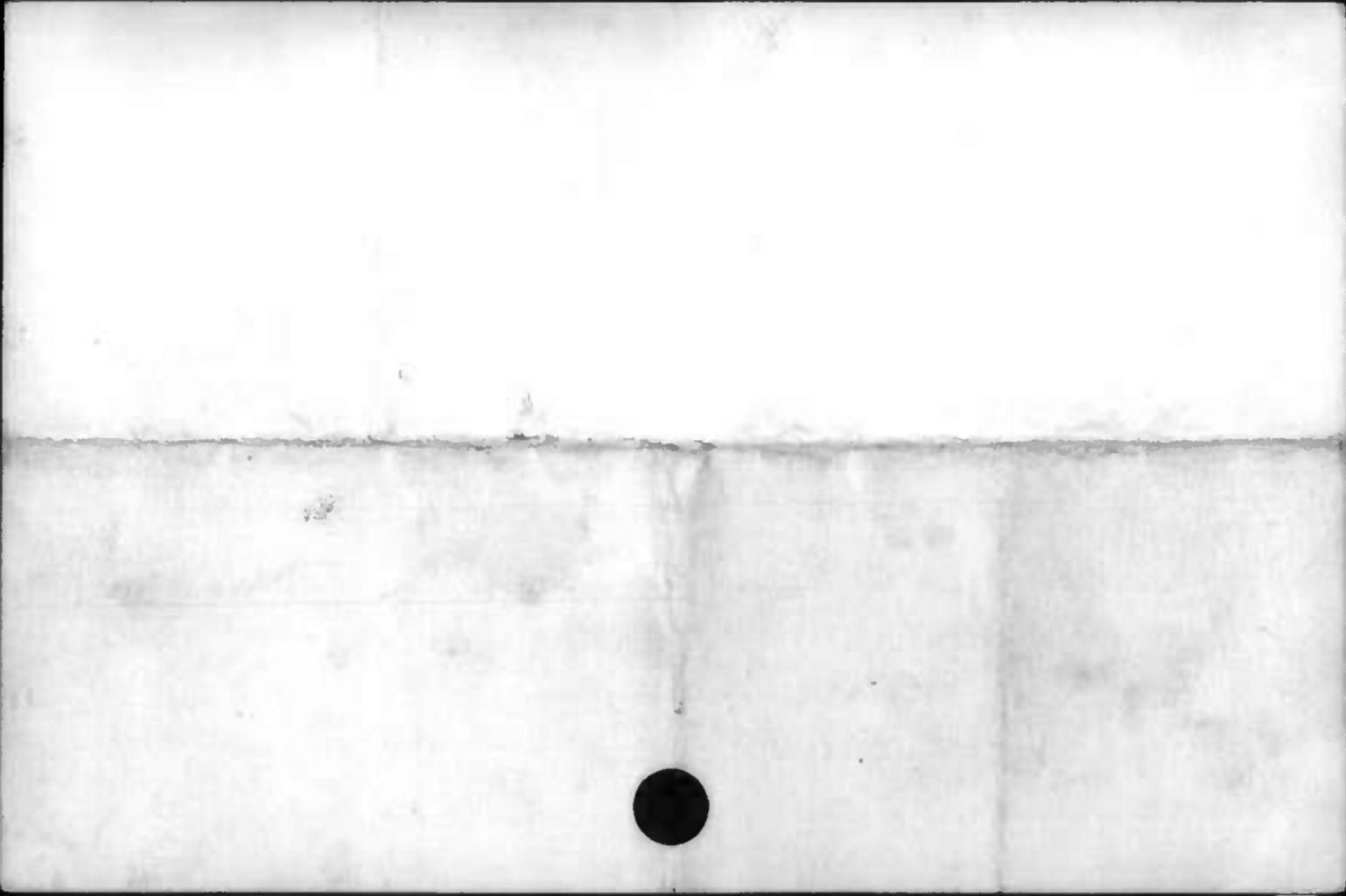
Address

Dr Geo St. Trinit

Accident or Suicide

Parsonsbury
Wicomico Co., Maryland

PHYSICIAN
OR CORONER



Name
in
Full

Lottie Alice

Heath

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Jesterville Town Wisconsin County MARYLAND
Date of death 1909 Month June Day 22 Years 16 Month 5 Day 10
Sex Females Color or Race White Birth-place
Occupation Housewife Where Residing if not at place of death Jesterville, Md.
Married, Single or Widowed Married Name of Wife or Husband Columbus W. Heath
Father's Name Charles L. Kickers Father's Birthplace Maryland
Mother's Maiden Name Gertie Taylor Mother's Birthplace Maryland
Name of person giving information Columbus W. Heath How related to deceased Husband

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Puerperal Eclampsia
Immediate Convulsions

Are the name, age, sex, color, date and place correctly given above?

yes!

Signature of Physician

Address

Edward E. Lamkin,

DR. EDWARD E. LAMKIN,
NANTICOKE, MD.

Accident or Suicide

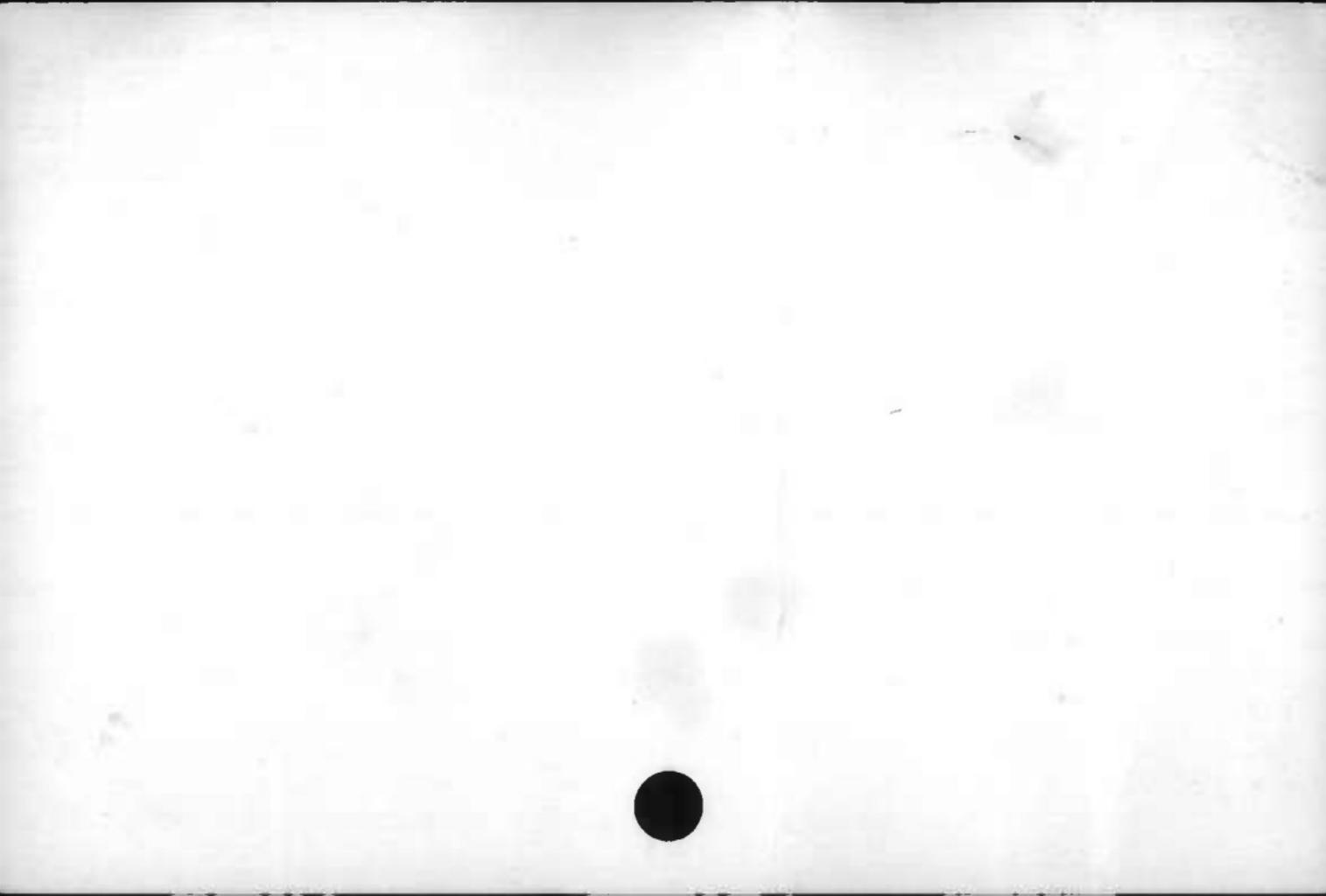
138

How long

2 days

How long

10 hours



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hudson.

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Years	Months	Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			
CAUSES OF DEATH				
Primary	Mal. Infection - Bowels			
Immediate	Bowels Gastro-enteritis.			
Are the name, age, sex, color, date and place correctly given above?				
Signature of Physician				
Address				

105

X

How long

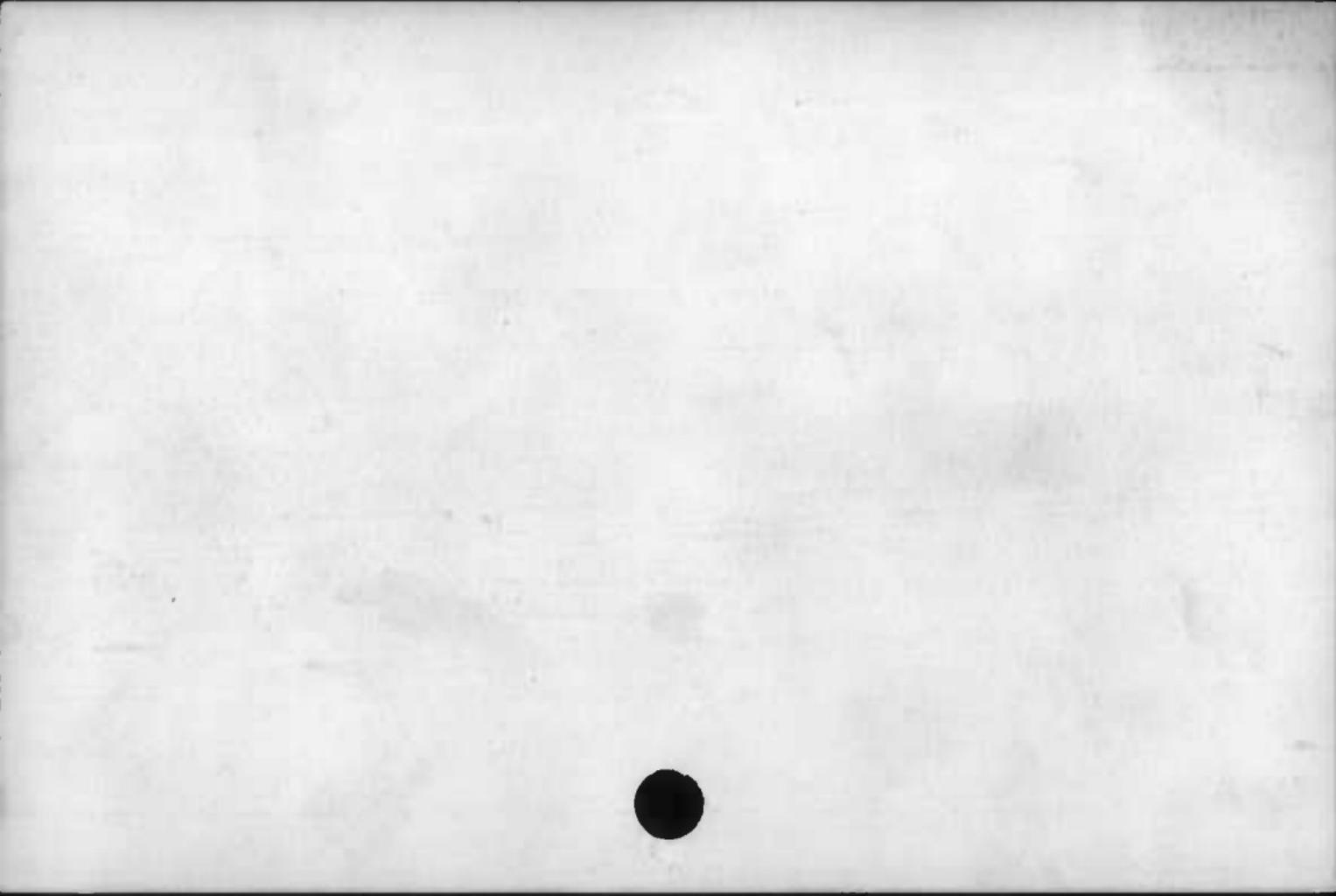
3 months

2 weeks

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Infant Humphreys

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1909	Month June	Day 28 th	Years 0	Months 0	Days 26
Sex Male	Color or Race White	Birth-place	Salisbury Md.		
Occupation None	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband None	Father's Name	Salisbury Md.		
Mother's Maiden Name Mervie Wells		Mother's Birthplace	Pittsville Md.		
Name of person giving Information Geo. R. Humphreys	How related to deceased Father				

CAUSES OF DEATH

151

How long

Primary

How long

Immediate

Premature birth -

Are the name, age, sex, color, date and place correctly given above ?

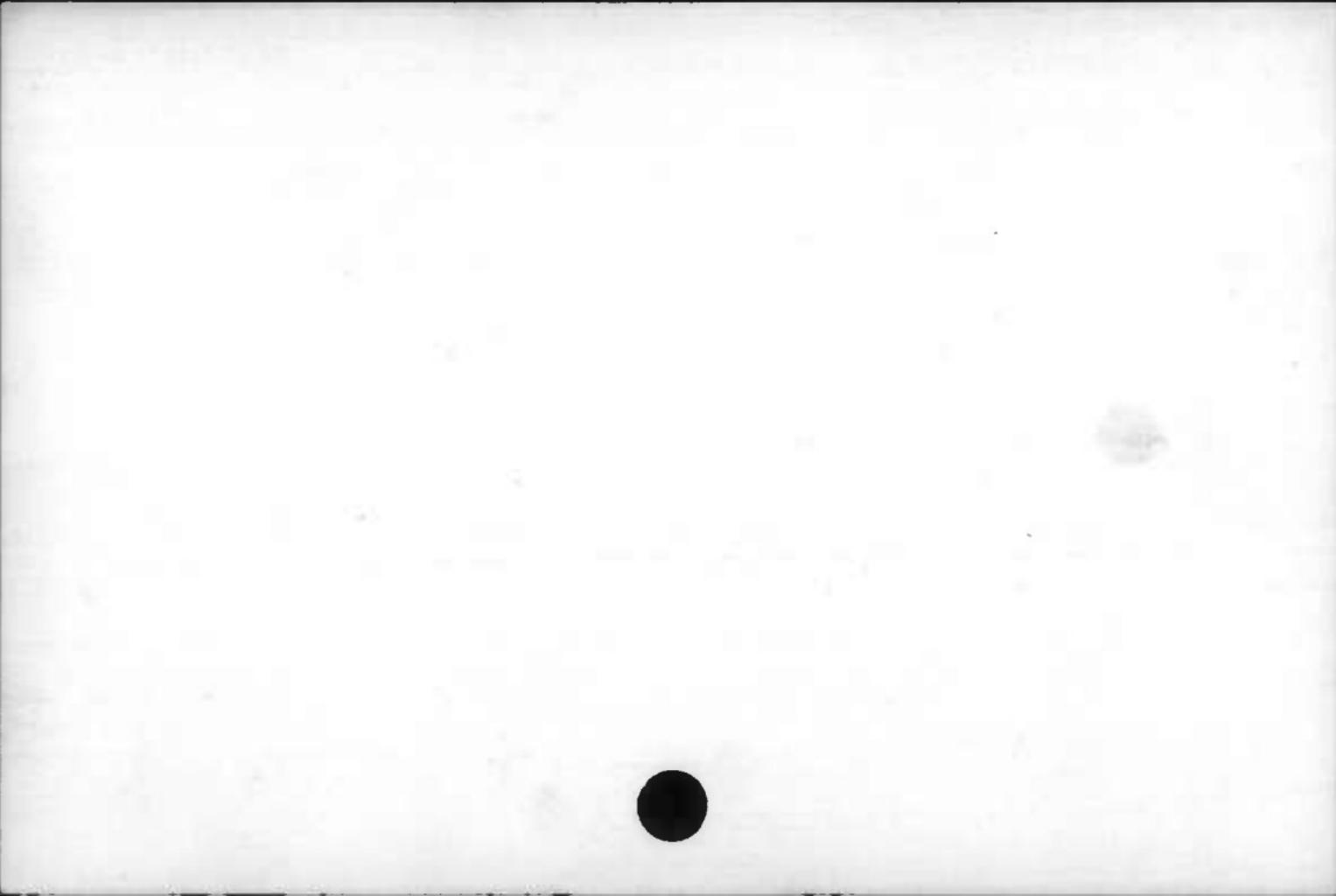
Signature of Physician

Address

O. B. Pollard
Salisbury (Md.)

9

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Deys

Died at ^{own} Month Day County
Sheul Point 13 Years

Months

Date
of death 1904

Day

Age

Month

Years

Deys

Sex

Color or
Race

Birth-
place

Occupation

Where Reading if not
at place of death

Mo

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Birthplace

Father's
Name

Elinton T Jenkins

Mo

Mother's
Maiden Name

Larry Williams

Mo

Name of person giving
Information

Charles W Kibbl

Nousin

CAUSES OF DEATH

Primary

Enter Coritis

105

X

Immediate

Anaemia of Brain

Signature of
Physician

How long

about, mth;

Are the name, age, sex, color, date
and place correctly given above?

yes

Address

How long

four days

Dr. H. Todd
Salisbury
Mo

Accident or Suicide

1



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Baxter & Jewell

CERTIFICATE OF DEATH

MARYLAND

Died at Salisbury Wicomico

Date of death 190 Month Day

County

Months Days

Age 72

Sex male Color or Race white

Occupation Farmer

Birth-place Ray

Married, Single
or Widowed

Where Residing if not
at place of death

Bainbridge Ray

Name of Wife or Husband

Opie Grell

Father's Name

Aaron Jewell

Father's Birthplace

We do not know

Mother's Maiden Name

We do not know

Mother's Birthplace

Name of person giving Information

Susie Little

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Don't know

79

X

How long

Immediate

Heart Disease

X

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

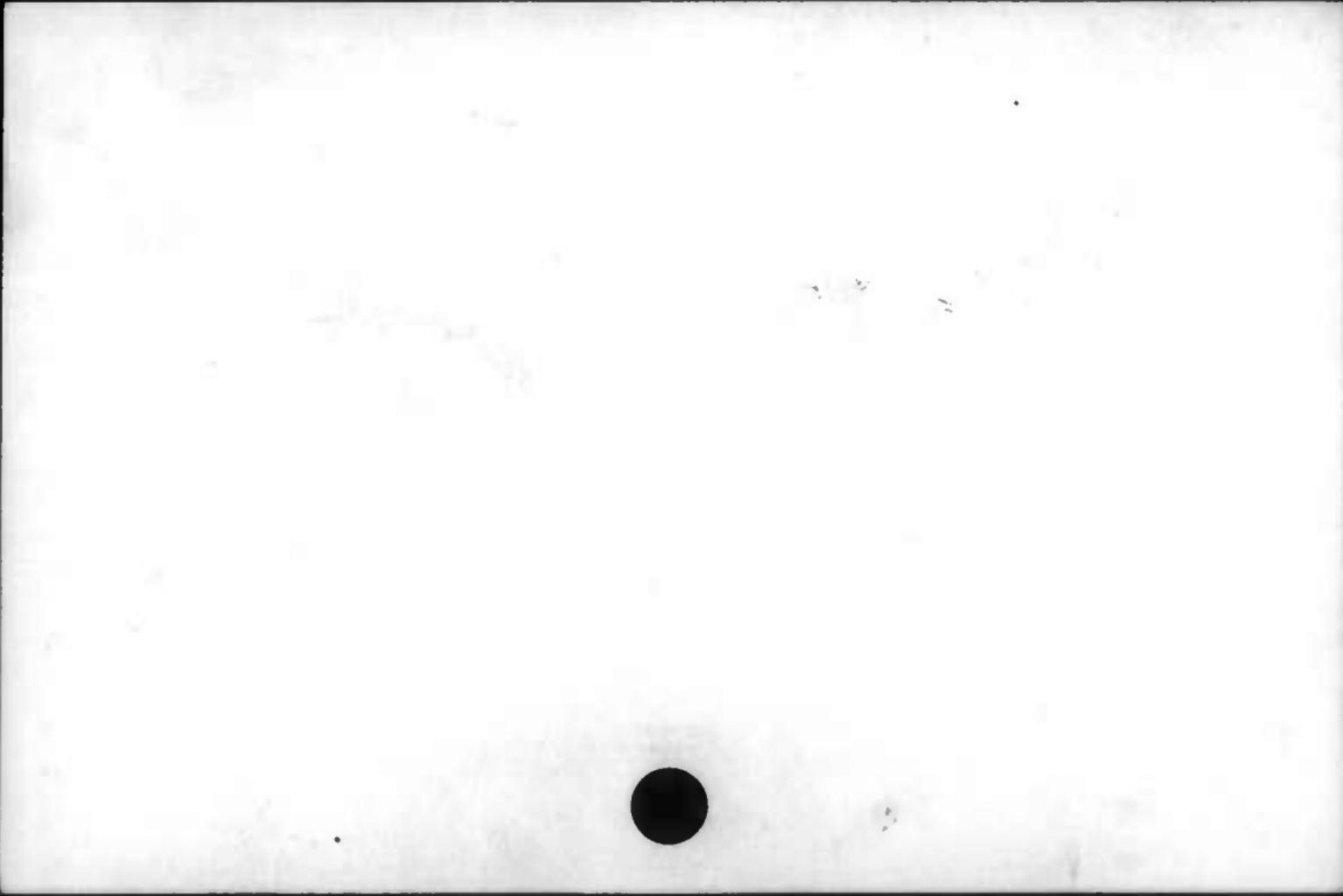
Address

Shaynne

G. W. Todd

Accident or Suicide

Salisbury
Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Infant Kibble.

CERTIFICATE OF DEATH

Died at

Town

Sharp's Point

County

Wicomico

MARYLAND

Date
of death 1909

Month

June

Day

21st

Years

Months

Days

Age

Sex
Male

Color or
Race

White

Birth-
place

Sharp's Point Md.

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Charles W. Kibble

Father's
Birthplace

Shad Pt. Md.

Mother's
Maiden Name

Carrie Pollitt

Mother's
Birthplace

Somerset Co. Md.

Name of person giving
Information

C. J. Jenkins

How related
to deceased

Cousin

CAUSES OF DEATH

Primary

Gastro-intestinal affection

105

X

How long

1 week

Immediate

General emaciation & thin affilix

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Louis A. Remond M.D.

Baltimore, Md.

Accident or Suicide



Name
in
Full

Peter Kraft

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Salisbury P. G. Hospital		County	Wicomico	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Germany	
Occupation	Farmers	Where Residing if not at place of death			Dorchester Co. Md.	
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Birthplace	Germany	
Father's Name	Peter Kraft	Mother's Maiden Name	Elizabeth Peck	Mother's Birthplace	Germany	
Name of person giving Information	Frederick Kraft	How related to deceased	Brother			

CAUSES OF DEATH

118

X

Primary

Acute gangrenous appendicitis

3 weeks

Immediate

Pneumonia

How long

2 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

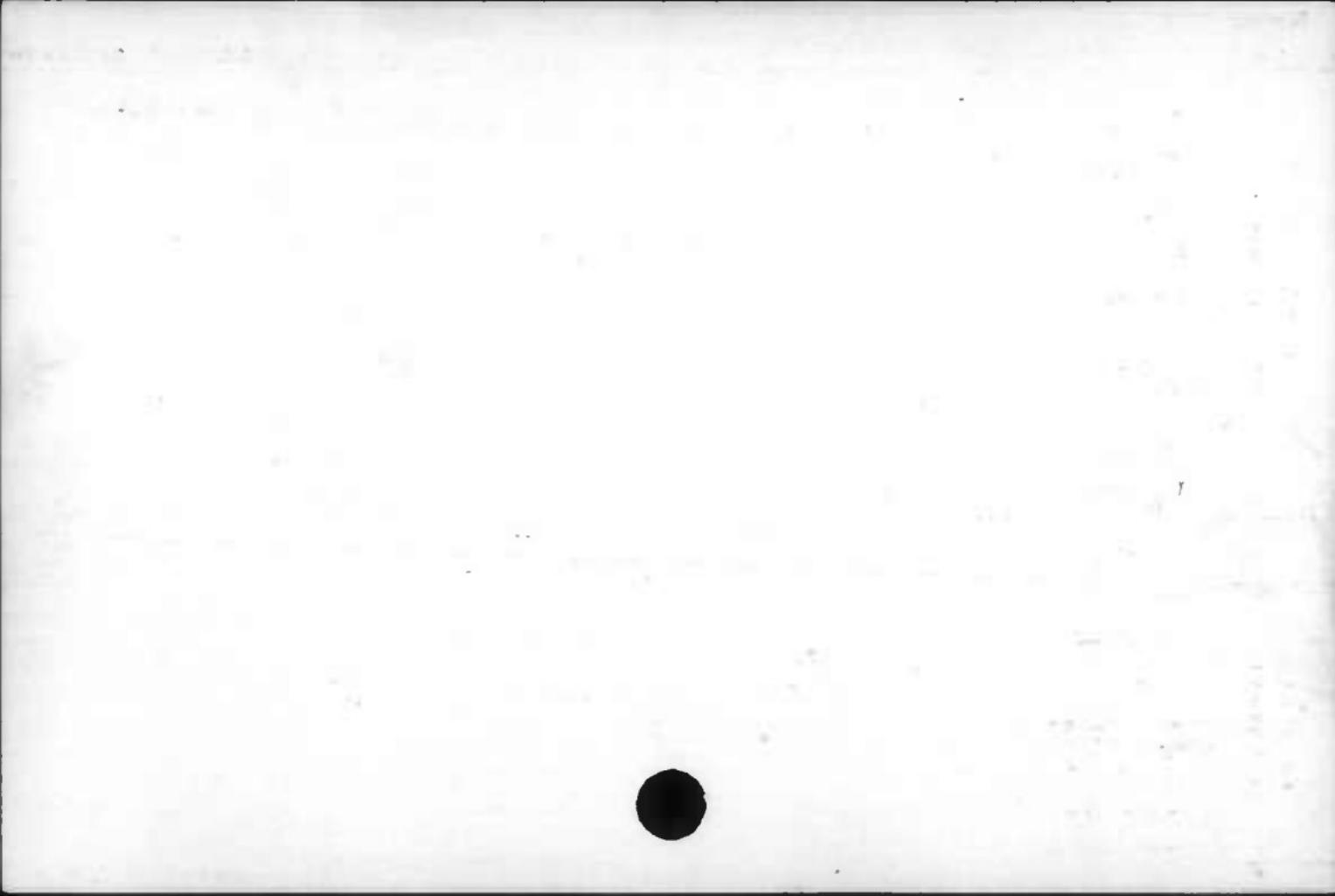
Yes
as obtainable

Signature of Physician

Address

Dr. Madeline
Salisbury Md

Accident or Suicide



Name
in
Full

Cloud McGee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town County
near Salisbury Wisconsin

MARYLAND

Date of death 190 Month Day Years

Month Days

9

June

Years

6

28

Age

Sex

Color or
Race

Birth-
place

Occupation

white

Mel

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Charles H. McGee

Father's
Birthplace

Del

Mother's
Maiden Name

Ada L. Ross

Mother's
Birthplace

Mel

Name of person giving
Information

Charles H. McGee

How related
to deceased

Father

CAUSES OF DEATH

Primary

Bottle feeding

105

How long

X

Immediate

Gastro Enteritis

How long

12 days

Are the name, age, sex, color,
date and place correctly given above?

Signature of
Physician

Address

J.W. Rotted
Salisbury Mr.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Edward P. Mast

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	White	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Williamsport Pa.			
Father's Name	- August Mast			Father's Birthplace	Germany
Mother's Maiden Name	Margaret Bleek			Mother's Birthplace	
Name of person giving Information	Elizabeth Mast			How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid fever

1

X

How long

2 weeks

Immediate

Hysteria exhaustion

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

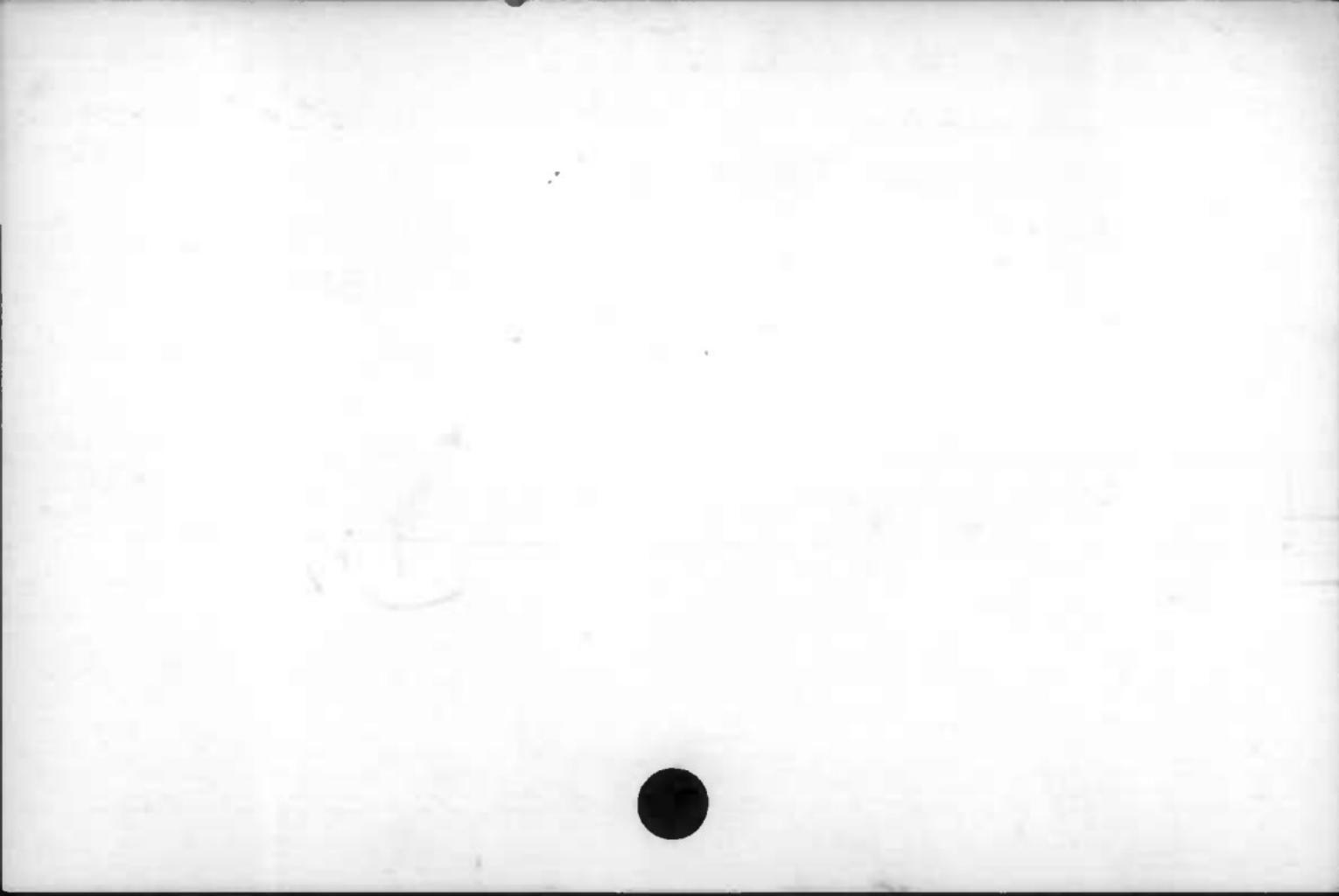
I do know
as I know
as I know

Signature of Physician

Address

McAdam
Salisbury, Md

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John B Mess

CERTIFICATE OF DEATH

MARYLAND

Died at Salisbury

Town

County

Date

Month

Day

Years

of death 1909

June

Age

31

Sex Male

Color or
Race

White

Birth-
place

Ohio

Occupation Farmer

Westover Md

Where Reaing if not
at place of death

Married, Single
or Widower

Name of Wife or
Husband

Father's
Name

John B Mess

Father's
Birthplace

Ohio

Mother's
Maiden Name

Sophia Duding

Mother's
Birthplace

Ohio

Name of person giving
Information

Ward B Spangler

How related
to deceased

cousin

At

strawberries, cabbage, and fish.

CAUSES OF DEATH

Primary

Acute Dr digestion.

175

How long

3 days

Immediate

Prominent Paroxysm after labor

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

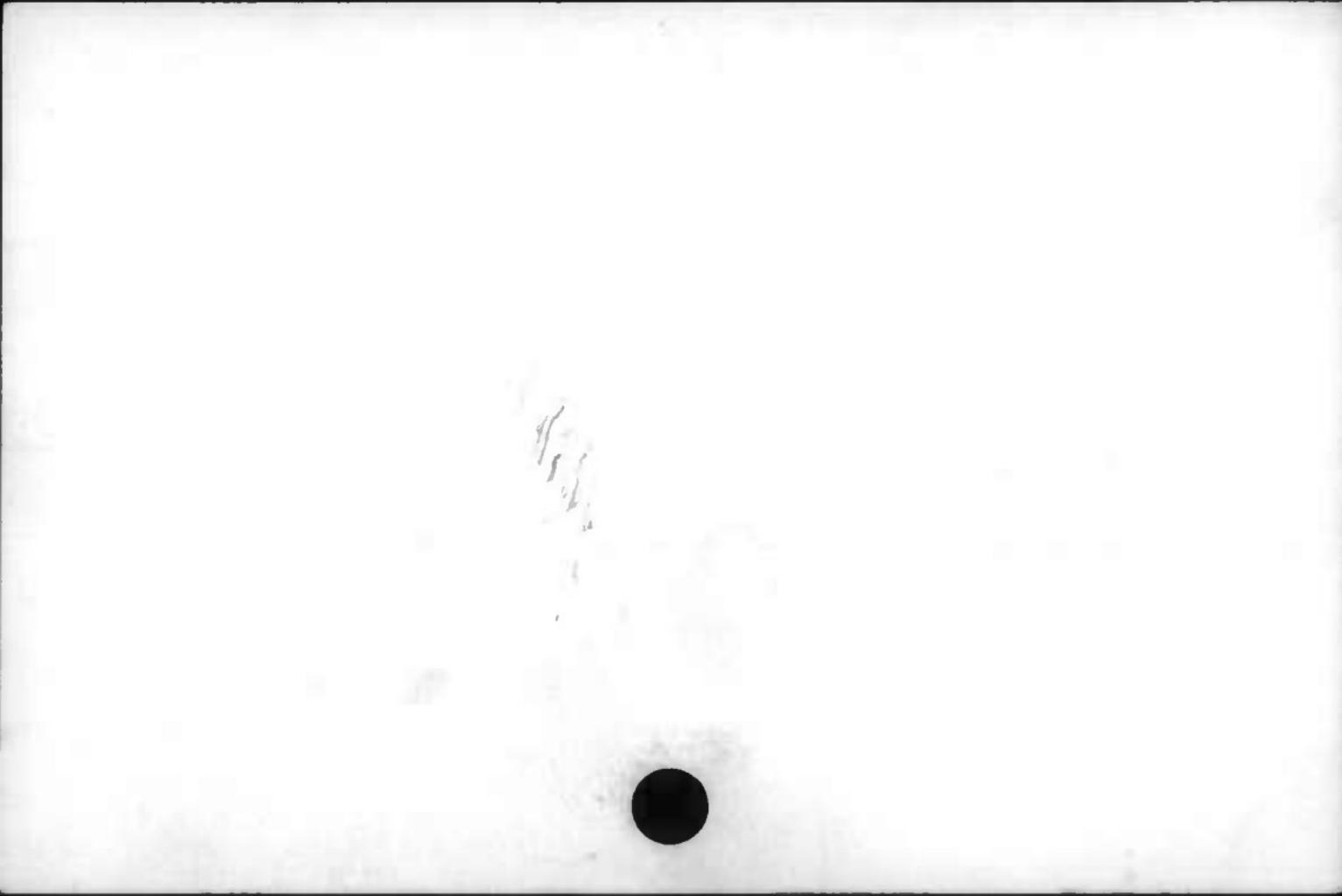
Address

as I know

J. M. Parker
Salisbury Md

Accident or Suicide

W.W.



Name
in
Full

Infant Mitchell

Not Named

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town

Died at

Date
of death

1909

Month

Day

County

Micromics

MARYLAND

Year

Months

Days

Age

Years

none

months

none

Sex

male

Color or
Race

white

Birth-
place

Mel

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

William W Mitchell

Father's
Birthplace

Mel

Mother's
Maiden Name

Mary Pryor

Mother's
Birthplace

Mel

Name of person giving
Information

John W Hanson

How related
to deceased

Auncle

CAUSES OF DEATH

Primary

don't know



How long

Immediate

Born dead

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Dr. A. Todd
Salisbury
Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Sacie Jane Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	June	23	Age	73	9
Sex	Color or Race	Where Residing if not at place of death			
Female	white	Horatio Nelson			
Occupation	housework		Father's Birthplace	Delaware	
Married, Single or Widowed	widow	Name of Wife or Husband	Mother's Birthplace	Delaware	
Father's Name	Archelia Hastings		Delaware	Delaware	
Mother's Maiden Name	Ediza Lynch		Delaware	daughter.	
Name of person giving Information	Lillian R. Weinbrow	How related to deceased			

CAUSES OF DEATH

154

How long

How long

4 months

PHYSICIAN
OR CORONER

Primary

Immediate

General Debility

Are the name, age sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. C. Bonnaway
Hebron
Md

Accident or Suicide

Hil



Name
in
Full

OK

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Clifford J. Owens.

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Sharplawn

County

Wicomico

Date
of death

Month

Day

1909

May

20

Years

Age

Sex

Male

Color or
Race

White

Month

Day

2

20

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Noah W. Owens

Father's
Birthplace

Del.

Mother's
Maiden Name

Fiona Bailey

Mother's
Birthplace

Sharplawn

Name of person giving
Information

Noah W. Owens

How related
to deceased

Father.

CAUSES OF DEATH

Primary

Indigestion

104

How long

X

all. of life

Immediate

Malaria

How long

2 weeks.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dr. N. Gannaway
Sharplawn
Md

Accident or Suicide

1.

C

1000
100
10
1

1000
100
10
1



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Thomas Parker of A.

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1909	Month June	Day 12 th	Years 82	Months 10	Days 8	
Sex	Male	Color or Race	White		Birth-place	Hicomico Co. Md.	
Occupation	Farmer		Where Residing if not at place of death		Hicomico Co		
Married, Single or Widowed	Widower	Name of Wife or Husband	Ann Parker		Father's Birthplace	Maryland	
Father's Name	Ayers Parker				Mother's Birthplace	"	
Mother's Maiden Name	Bernie marr.				How related to deceased	None	
Name of person giving information	Geo. W. Farlow				79	X	

CAUSES OF DEATH

Primary

Chronic disease of heart

How long

several years

Immediate

Dyspnoea & heart failure

How long

some weeks

Are the name, age, sex, color, date and place correctly given above?

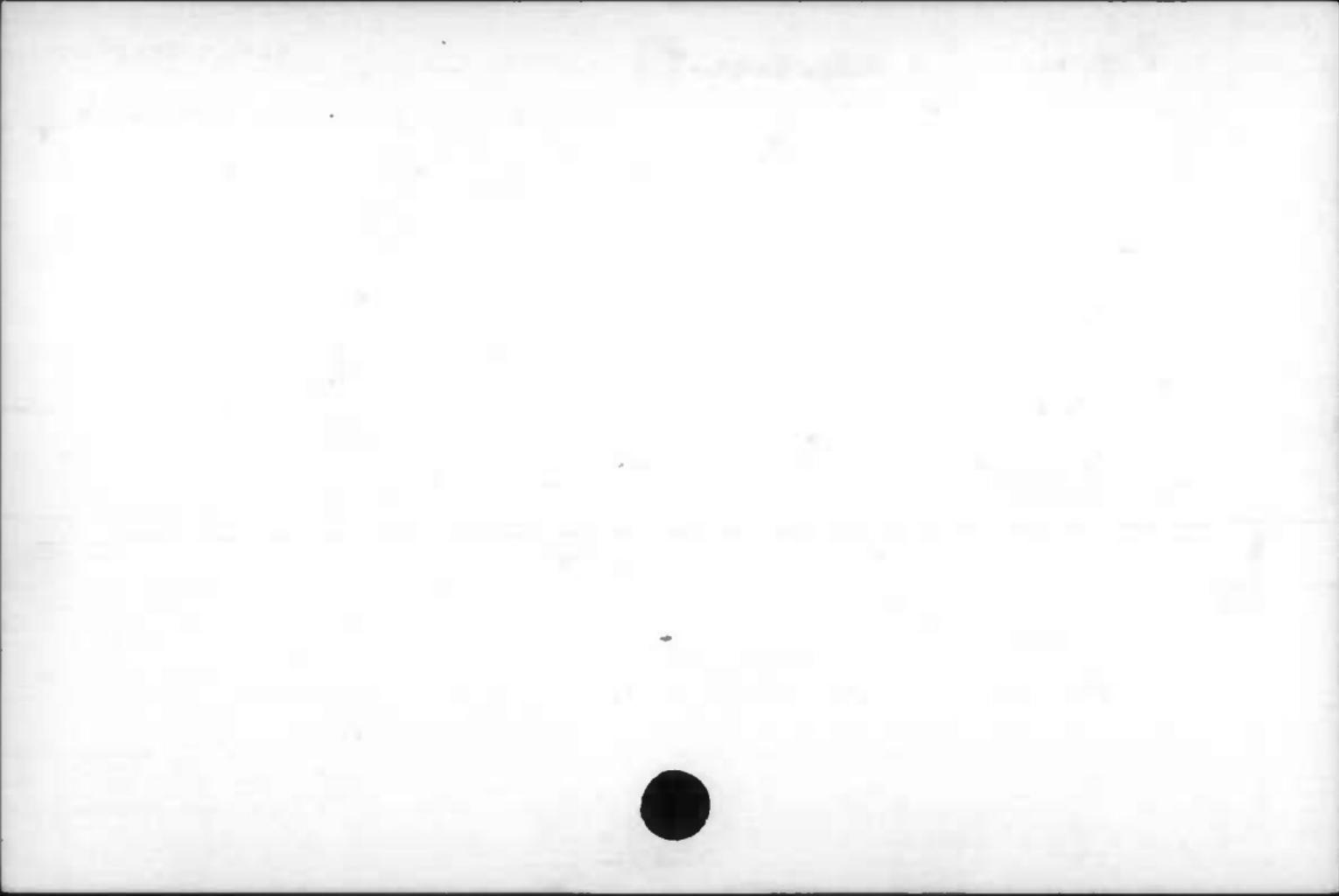
YES

Signature of Physician

Address

Louis W. Parker M.D.
Salisbury Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at Salisbury Town Wicomico County
Date of death 1909 Month June Day 5 Age 28 Years
Sex male Color or Race White
Occupation Roadman Where Residing if not at place of death
Married Single Single Name of Wife or Husband
Father's Name Do not know Father's Birthplace West Texas
Mother's Maiden Name " Mother's Birthplace Don't know
Name of person giving Information " How related to deceased Don't know

J

CAUSES OF DEATH

164

How long

How long

Primary

P.P. injury, definite, committed fact. of still 4 hours -

Immediate

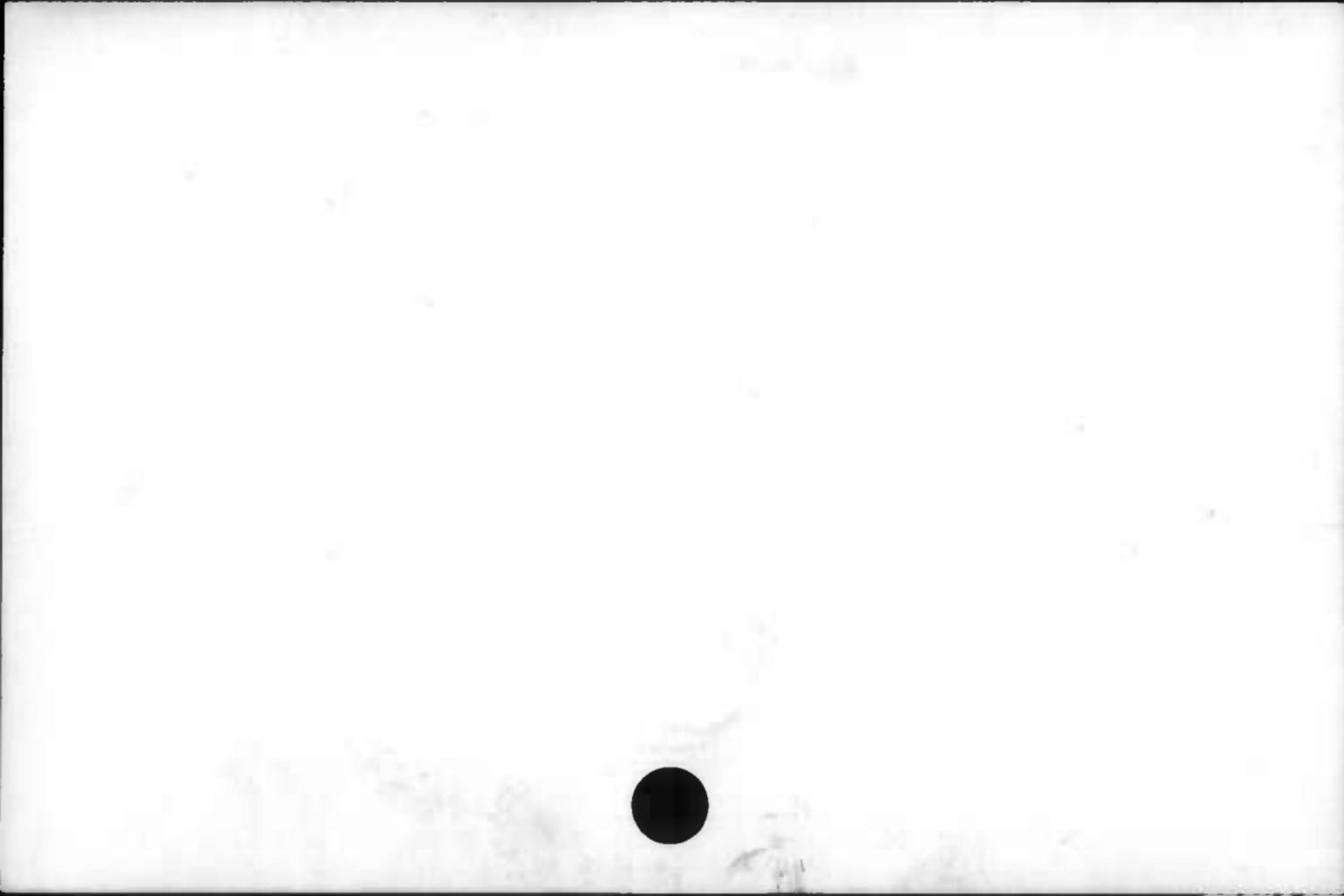
shot & hemorrhage 4 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

James Pinell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury Town Wicomico County
Date of death 1909 June Month 24 Day Age 85 Years
Sex male Color or Race Black
Occupation none Birth-place Md
Where Residing if not at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Mother's Maiden Name

Name of person giving
Information

Median A. Pinell
Do not know Father's Birthplace Do not know
Mother's Birthplace Do not know
How related to deceased wife

CAUSES OF DEATH

Primary

Senility

Immediate

acute syphilitic diorhoea

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

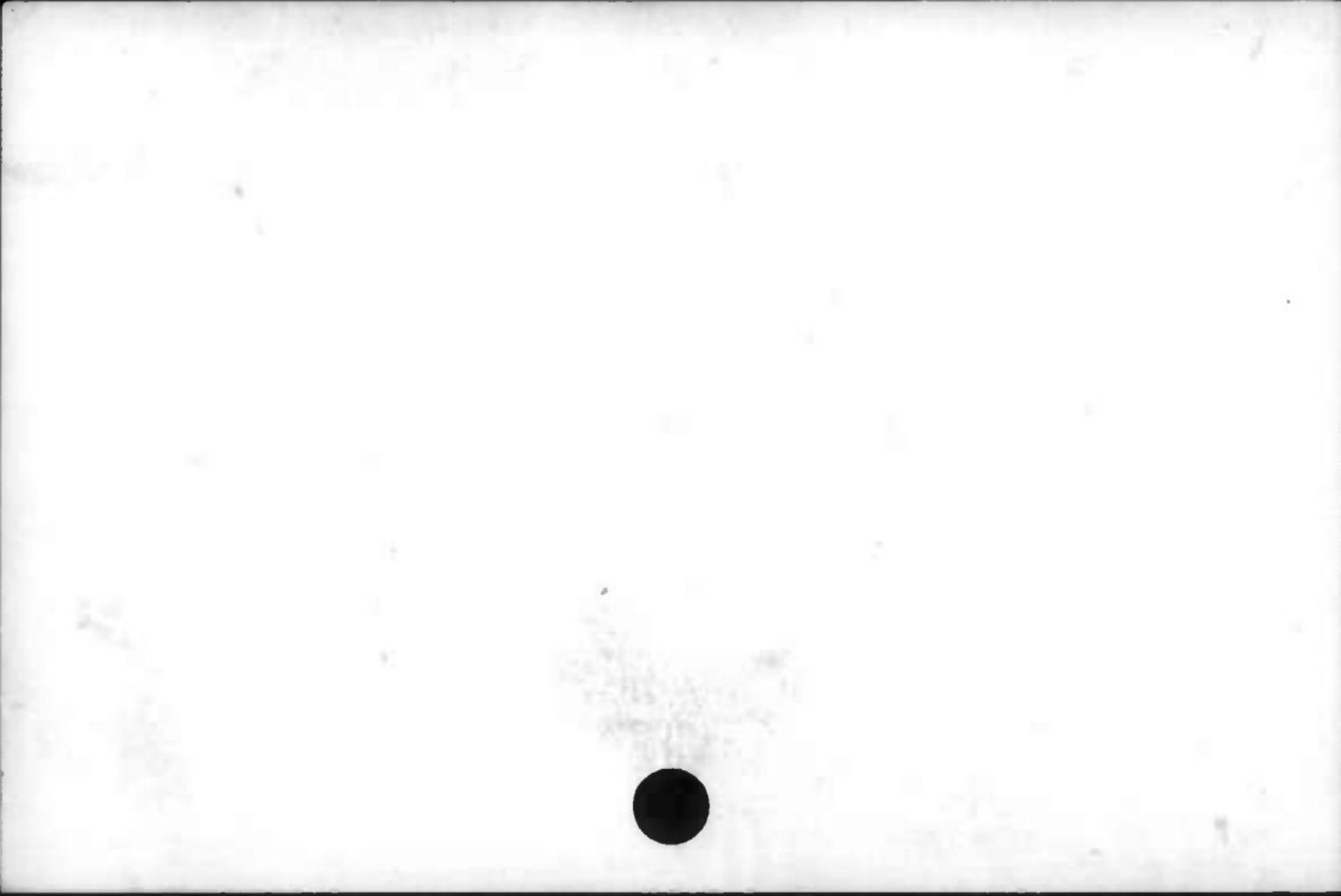
Signature of
Physician

Address

Louis Wacomi M.D.
Salisbury M.D.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Oliver H. Purnell						CERTIFICATE OF DEATH	
Died at	Town	County					
Date of death 1909	Month June	Age 48	MARYLAND				
Sex male	Color or Race Colored	Birth-place Worcester Co					
Occupation Dressing	Where Residing if not at place of death 339 Church St						
Married, Single or Widowed married	Name of Wife or Husband Oliver Purnell						
Father's Name Jacob Purnell	Father's Birthplace Worcester Co						
Mother's Maiden Name Mary Purnell	Mother's Birthplace						
Name of person giving Information Henrietta Purnell	How related to deceased Wife						

CAUSES OF DEATH

27

How long

How long

PHYSICIAN
OR CORONER

Primary

Chronic bronchitis (probably tubercular)

Immediate

Nasal congestion

Are the name, age, sex, color, date and place correctly given above?

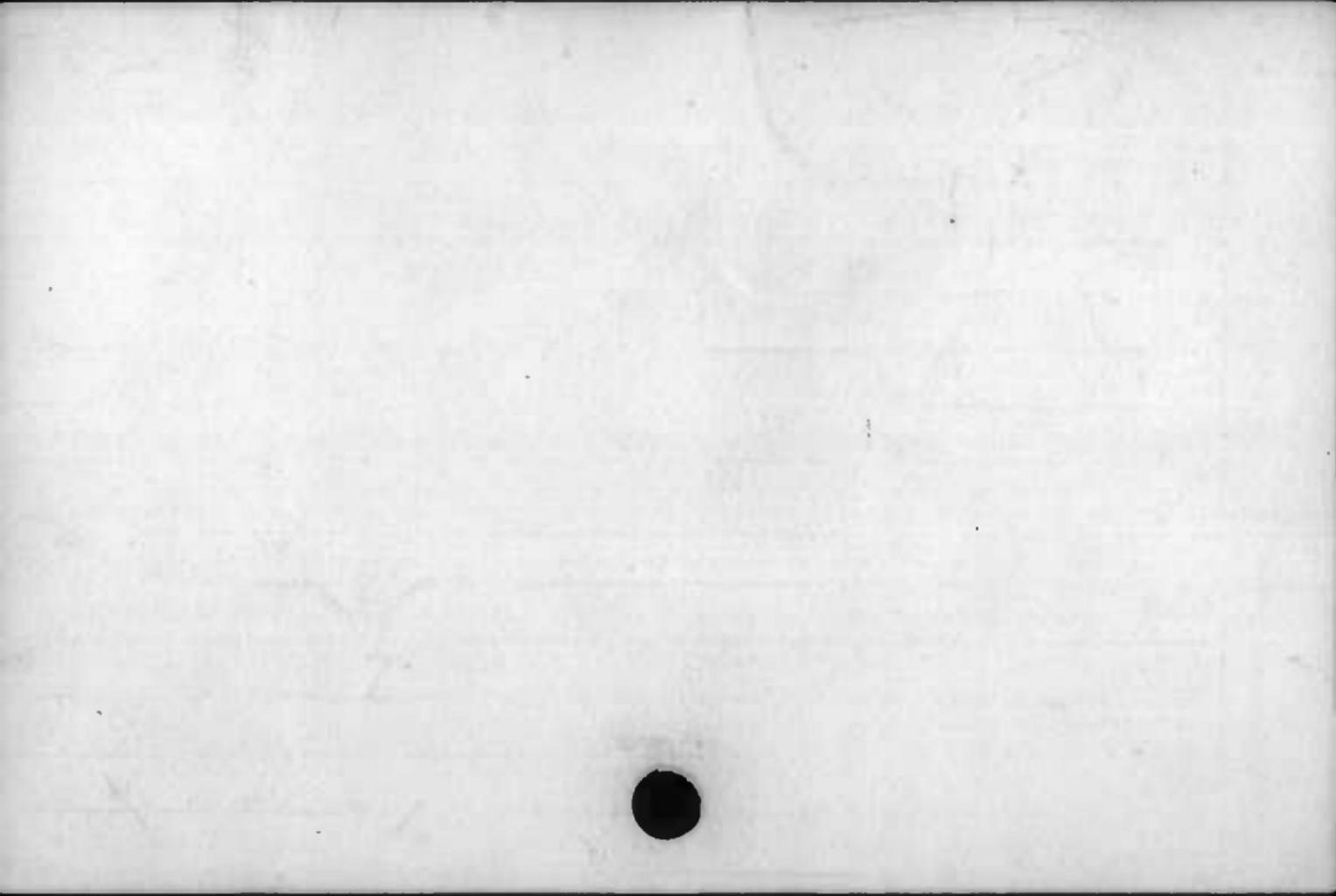
Signature of Physician

Address

as obtainable

J. M. Parker
Salisbury, Md.

Accident or Suicide? No



Name
in
Full

Dorothy Rochester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	Salisbury		County Wicomico	MARYLAND	
Date of death 1909	Month June	Day 6 th	Years 0	Months 2	Days 20
Sex Female	Color or Race	White			
Occupation None	Where Residing if not at place of death Baltimore Md.				
Married, Single or Widowed Single	Name of Wife or Husband None				
Father's Name Frederick A. Rochester	Father's Birthplace Baltimore Md.				
Mother's Maiden Name Clara O. Dashiell	Mother's Birthplace Somerset Co. Md.				
Name of person giving Information William J. Dashiell	How related to deceased Grandfather				

CAUSES OF DEATH

Primary

Enter Colitis

105

How long

X
2 weeks

Immediate

Name

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

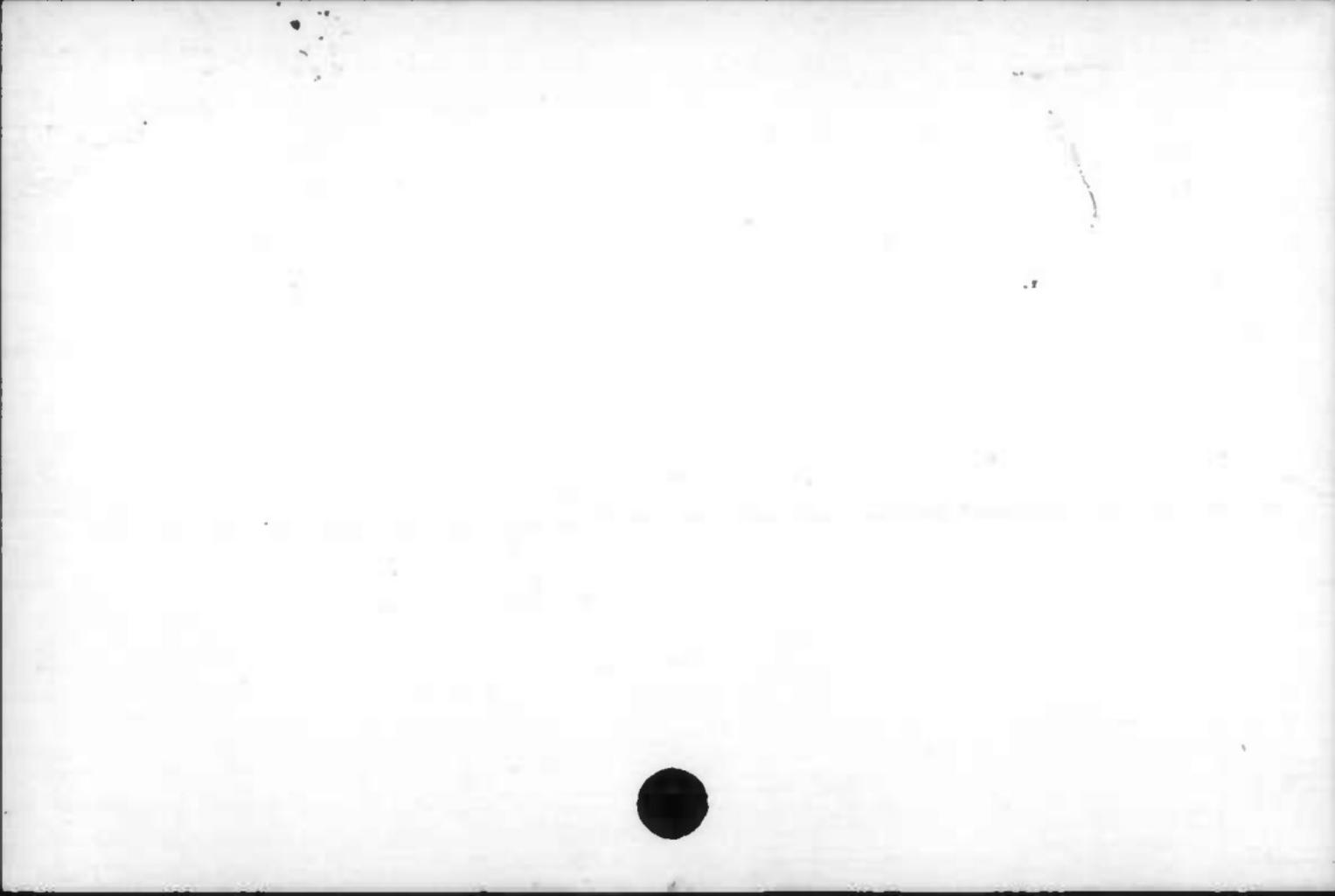
Signature of
Physician

Address

Harry Lee
Salisbury
Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Sallie Eliza Sirman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Delmar.	County	Wicomico	
Died at			MARYLAND	
Date of death	Month	Day	Year	Month
1909	July	9 th	Age 64.	Days 26
Sex	female	Color or Race	white	Birth-place
Occupation	Housekeeper	Where Residing if not et place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Henry A. Sirman	
Father's Name	Quinton Gordy	Father's Birthplace	Dart Lemon	
Mother's Maiden Name	Frances King	Mother's Birthplace	Dart Lemon	
Name of person giving information	Henry A. Sirman	How related to deceased	Husband.	

CAUSES OF DEATH

Primary

Congestion of Brain

64

X

Immediate

Cerebral Apoplexy

one week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of Physician

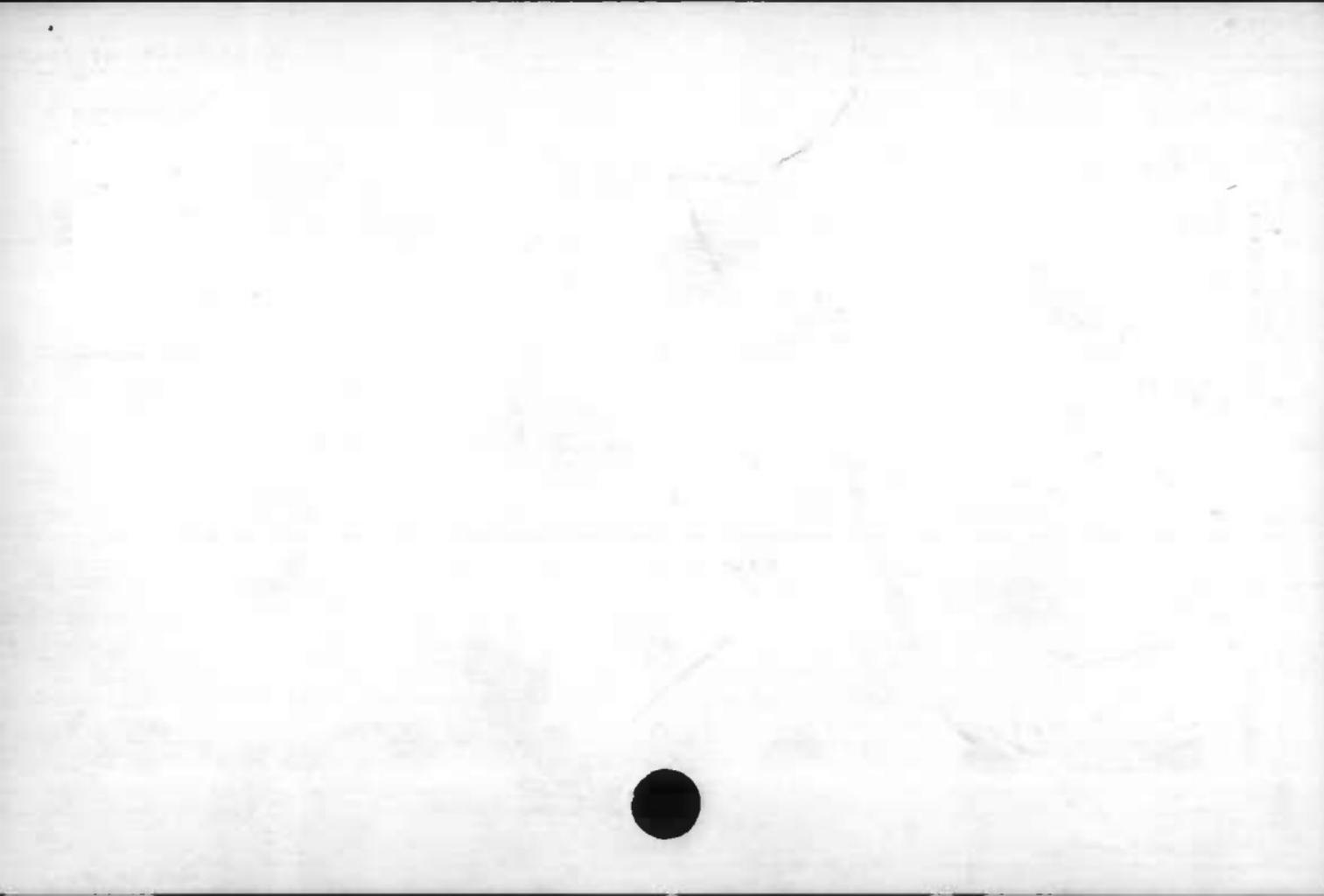
Robert Elligood M.D.

Address

Accident or Suicide

PHYSICIAN
OR CORONER





Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Stewart Sudler

Town

County

MARYLAND

Died at Salisbury

Montgomery

Date of death 1909 June 26

Day

Years

Month

Days

Age 82

Sex Male

Color or
Race White

Birth-place Sonoma Co., Calif.

Occupation Farmer

Where Residing if not
at place of death Sonoma Co., Calif.

Married, Single
or Widowed Married

Name of Wife or
Husband Susan J. Sudler

Father's Name Tubman Sudler

Father's Birthplace Sonoma Co., Calif.

Mother's
Maiden Name Betsy Stewart

Mother's Birthplace Pinole, Calif.

Name of person giving
Information Wm. J. Sudler

How related
to deceased Nephew

CAUSES OF DEATH

Primary Endocarditis

79

X

Immediate Syncope

EndoKum

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Wm. J. Sudler
Salisbury Md.

Accident or Suicide



Name
in
Full

Mary E Vickers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Salisbury Town Mecklin' Co. County
Date of death 1909 June 8 Month Day
Age _____
Sex Female Color or Race white
Occupation _____ Where Residing if not
at place of death _____ Birth-place Md

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Charles Vickers

Father's
Birthplace

Md

Mother's
Maiden Name

Corra M Coffey

Mother's
Birthplace

Md

Name of person giving
Information

Charles Vickers

How related
to deceased

Father

Primary

CAUSES OF DEATH

Bottle feeding

105

X

Immediate

Just too tired

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

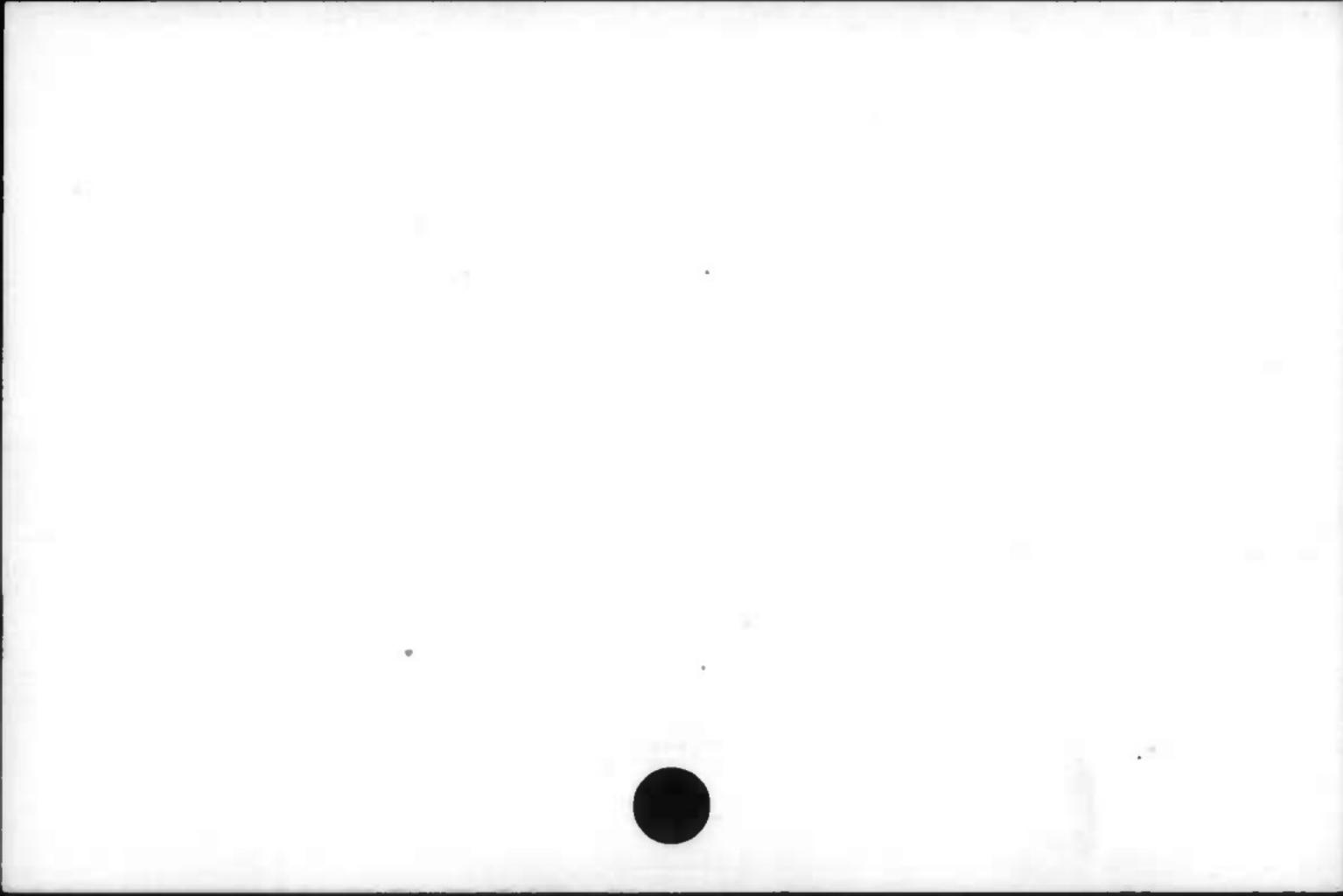
Yes

Signature of
Physician

Address

J. W. S. M.
Salisbury Md.

Accident or Suicide



Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs Margaret Walker

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	190	Month June	Day 23	Years 64	Months June	Days 23	
Sex	Woman	Color or Race	yes	Birth-place Wilomoco Co			
Occupation	General house Woman			Where Residing if not at place of death	332 Abater St		
Married, Single or Widowed	Widow	Name of Wife or Husband	unknown	Father's Name	James Shohkley Worcester Co		
Mother's Maiden Name	Estey Shohkley			Mother's Birthplace		
Name of person giving Information	J. H. Shohkley			How related to deceased	Son		
CAUSES OF DEATH							
Primary	Astro-sclerotic, Central Hemorrhage			How long	64 weeks		
Immediate	Cancer			How long	36 hours		

Are the name, age, sex, color, date and place correctly given above?

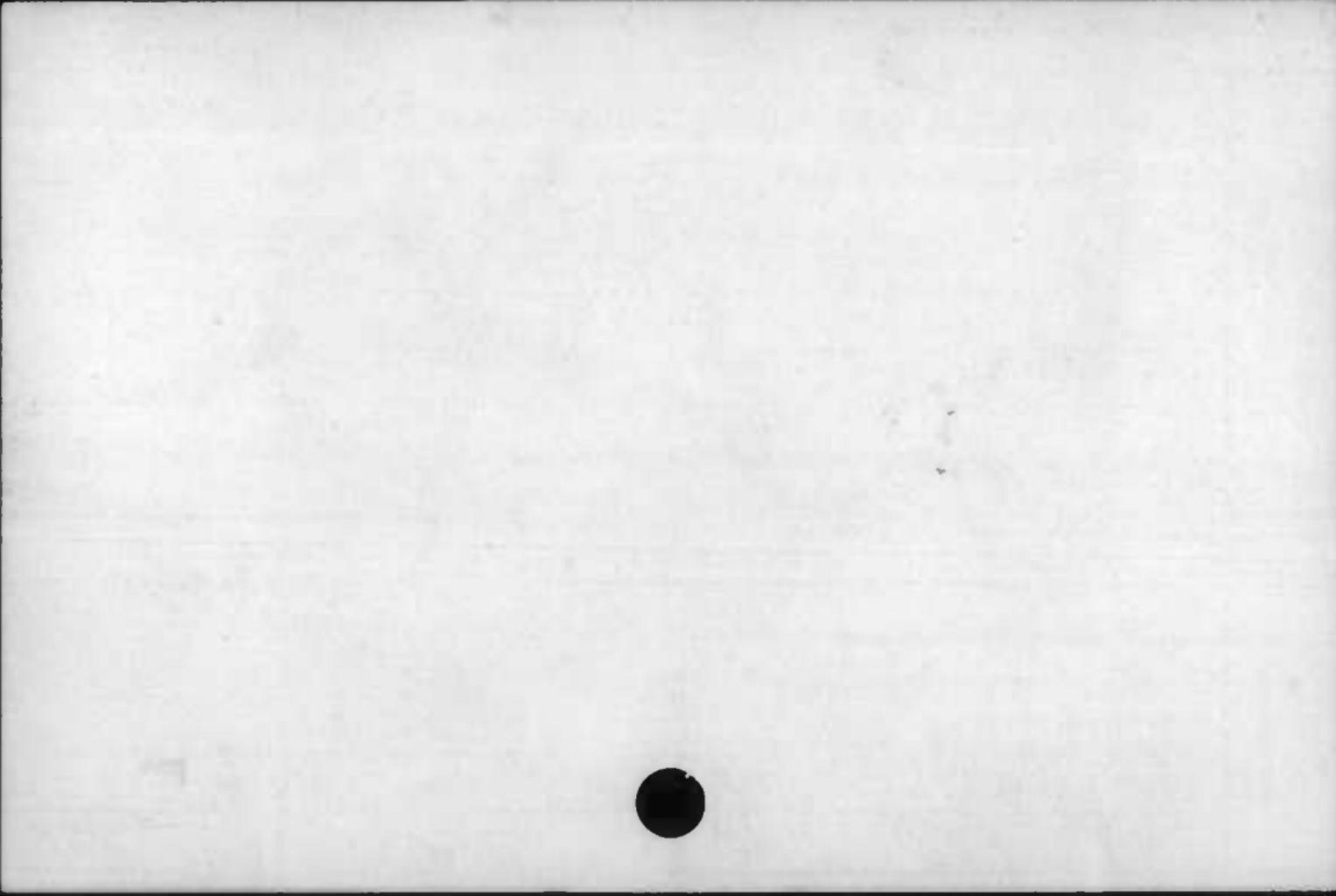
yes

Signature of Physician

Address

Loui A. Recomi M.D.
Whitingard.

Accident or Suicide?



Name
in
Full

Matherley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Alonzo Matherley				
Mother's Maiden Name	Nancy Wimberly				
Name of person giving Information	Nancy Wimberly				
CAUSES OF DEATH					

71

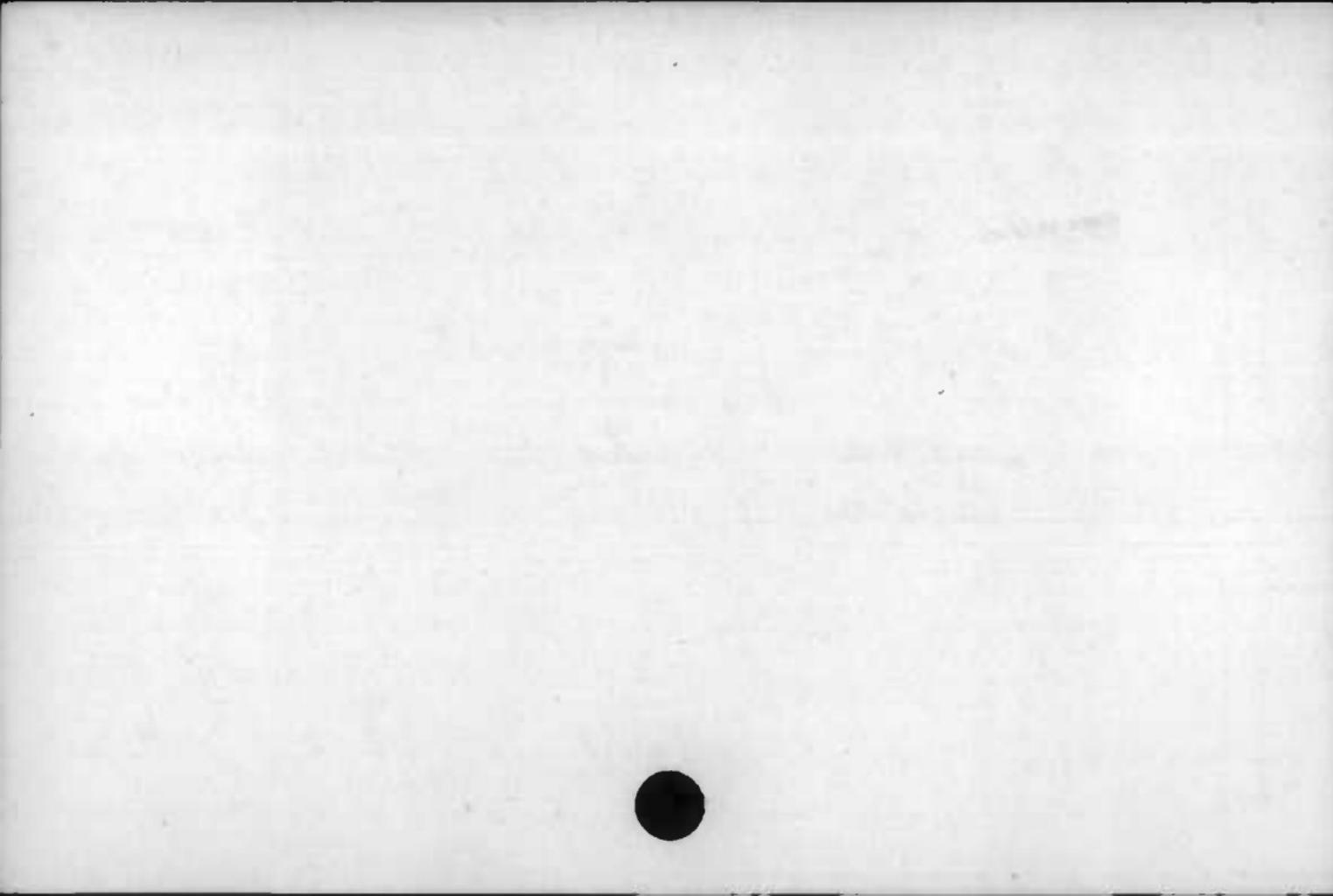
How long

How long

PHYSICIAN
OR CORONER

(Signature)

Primary					
Immediate	Convulsions				
Are the name, age, sex, color, date and place correctly given above?	Yes				
	Signature of Physician				
	Address				
Accident or Suicide?	(Signature)				



Name
in
Full

Charles E. Shultz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Delmar			County	Wicomico		MARYLAND
Died at	Month	Day	Years	Months	Days		
Date of death 1909	June	30	0	4	5		
Sex	Male	Color or Race	White	Birth-place	Delmar		
Occupation	Infant	Where Residing if not at place of death			Delmar		
Married, Single or Widowed	Infant	Name of Wife or Husband	infant	Father's Birthplace	Md		
Father's Name	Floyd Samis			Mother's Birthplace	Dela		
Mother's Maiden Name	Bertha Shultz			How related to deceased	H. Mother		
Name of person giving Information	Ella Shultz						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Marasmus
Immediate Marasmus

Are the name, age, sex, color, date and place correctly given above?

Gas

Signature of Physician

Address

179

How long

3 months

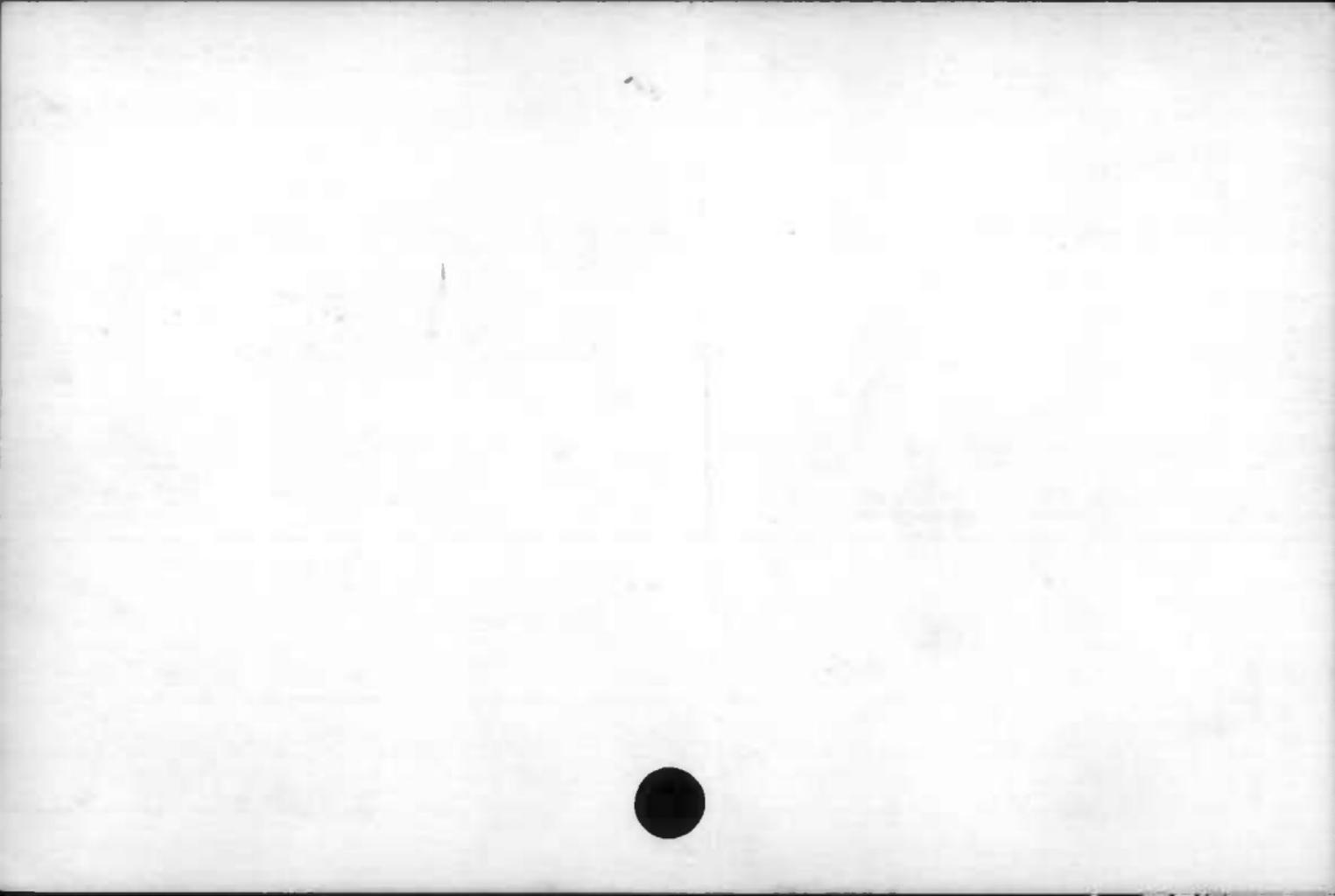
How long

3 months

Accident or Suicide

Yes

Robert Elligood M.D.
Delmar Del



Name
in
Full

Sarah E. White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1909	Month June	Day 21 st	Years 75	Months	Days
Sex	Female	Color or Race	Black			
Occupation	Housewife		Where Residing if not at place of death Dwelling Quarter Som. Co., Md.			
Married, Single or Widowed	Widow	Name of Wife or Husband	William J. White			
Father's Name	Henry Roberts		Father's Birthplace Somerset Co., Md.			
Mother's Maiden Name	Priscie _____		Mother's Birthplace " "			
Name of person giving Information	Joshua Leatherbury		How related to deceased Son in law			

CAUSES OF DEATH

Primary

Diabetes Mellitus

Immediate

Dame

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

50

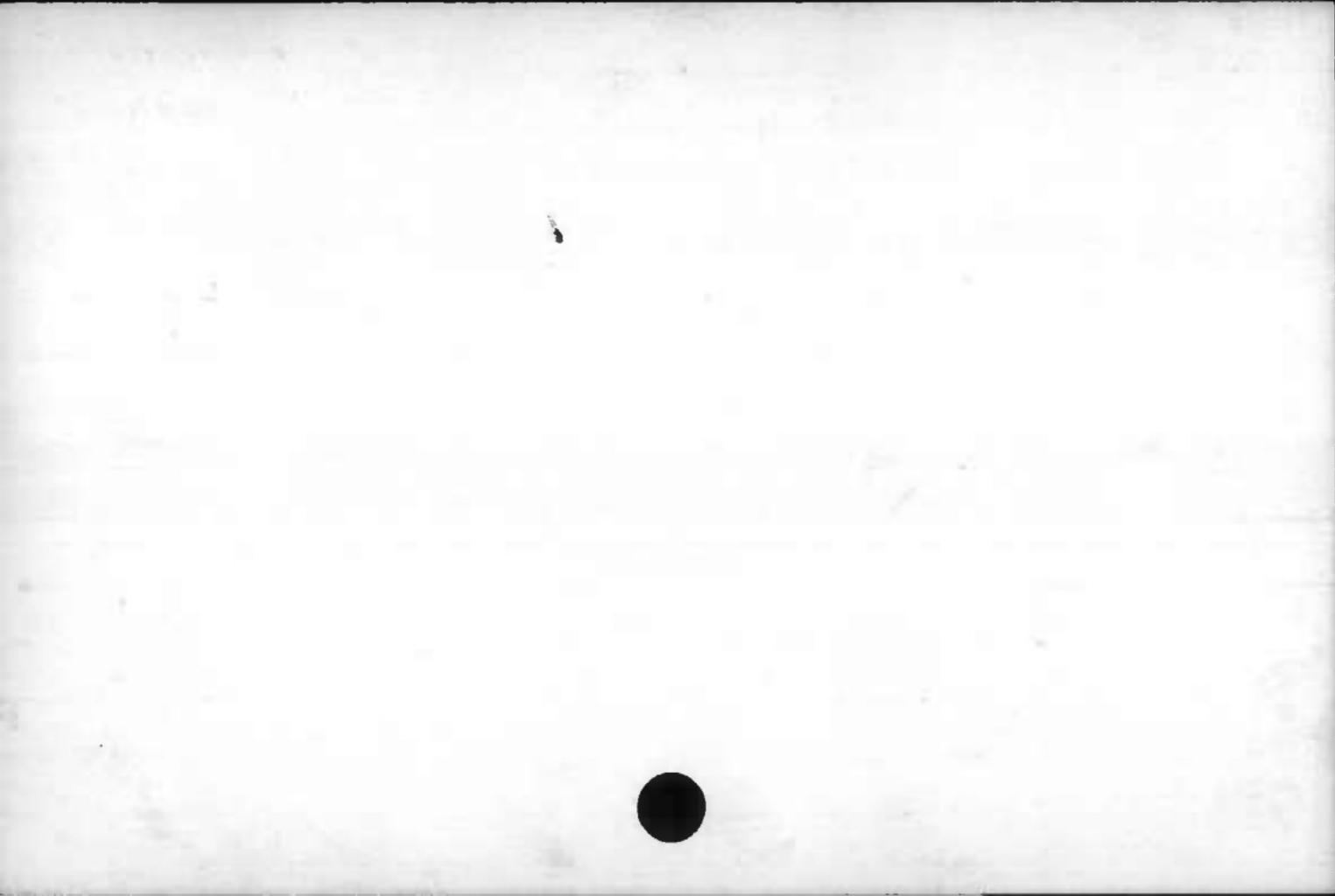
How long

2 years

" "

Accident or Suicide

Harry Tull
Salisbury
Md



Name
in
Full

J. A. C. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-Place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Delmar			
Father's Name	Elapetta Williams		Father's Birthplace	Md	
Mother's Maiden Name	Aerceil Adkins		Mother's Birthplace	Mo	
Name of person giving information	Isaac Williams		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's Disease	120	X
Immediate	Doddy	How long	4 years
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	James Bayshan
		Address	Delmar Delaware
Accident or Suicide?			

